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E. W. SCHAUFFLER, M. D.,
EDITOR.

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THE KANSAS CITY

MEDICAL JOURNAL.

OCTOBER, 1872.

A Case of Acute Traumatic Phlebitis, treated successfully by Carbonate of Ammonia in Large Doses.

By Prof. J. L. Teed, M. D., Kansas City, Mo.

F. S—, æt. 17, was caught in a spring frog, on the N. M. R. R., at 8 A. M., April 9, 1872, suffering a severe contusion over the right internal malleolus, and parts below it, and on the outer side of the foot in front of and above the external malleolus; while at the same time the integuments on the inner side of the leg, for about 14 inches in length by 4 inches in width, were entirely excised, exposing the surface of the tibia from its spine inwards for about 6 inches in the middle of the wound. No bones were fractured. There was no hæmorrhage from the wound until 4 hours after the accident, when venous blood began to flow from some branches of the internal saphenous vein which had been torn through.

This hæmorrhage continued until 6 P. M., when it was immediately and permanently arrested by the solution of persulphate of iron. The amount of blood lost, was at least two pints. The next day, Tuesday, there was complete loss of appetite, and he altogether refused to take food. Cold applications were kept to the wound, with solution of carbolic acid, and acetate of morphia

given freely to relieve the pain, which was considerable. Slight surgical fever set in; beef tea was ordered every two hours, as there was considerable depression. On Thursday the bowels were moved by an enema, and he appeared to be rallying somewhat. Friday he was much the same. Saturday morning, general condition not changed—leg somewhat swollen and painful, but no evidence of phlebitis, *i. e.*, no hardness of the veins, no redness of the limb. On Saturday, at noon, he was suddenly seized with severe rigor, accompanied with extreme prostration and collapse. At 2 P. M., he was still in that condition, with dry, glazed tongue, suspirious respiration, jactitation and great anxiety; pulse 120 in a minute. Ordered carbonate of ammonia, ℥i., citric acid grs. xii; to be taken in a state of effervescence, and repeat in two hours. At 4 P. M., saw him again in consultation with Dr. Wood of this city; there was then œdematous swelling of the whole leg and thigh up to the body, great tenderness of the whole leg and front of the thigh, and especially so in the popliteal space. The femoral vein was felt hard and tender in Scarpas triangle; the upper part of the long saphenous vein was also hard and very painful to the touch; the pulse 128 in a minute, open, soft and compressible; ordered quinine, 10 grs. every 4 hours; carbonate of ammonia, ʒss, with 12 grs. of citric acid every 2 hours; beef tea every 2 hours, and one tablespoonful of whiskey every 3 or 4 hours; hot fomentations to the leg and thigh; continue carbolic acid to wound. The fomentations at first could be applied only warm, as they increased the pains, but gradually their temperature was raised. This treatment was continued all Saturday night, acet. morphine, gr. $\frac{1}{4}$, being added to the quinine. On Sunday an enema was administered, procuring a passage from the bowels; not much change in the general condition; there was nausea and vomiting of bilious matter; the whiskey was omitted, as it caused nausea, as also was the morphine; the ammonia and citric acid controlled the vomiting. Sunday night, continued the treatment, 2 doses of morphine procuring sleep. Monday morning repeated enema, which acted well; the patient felt much better, the pulse had sunk to 90, the tongue was moist and clean; continued treatment, reducing the dose of quinine to 5 grs. Monday, 4 P. M., symptoms of prostration again

appeared, but soon passed away; the swelling and tenderness were less, the tongue remained moist; increased dose of quinine to $7\frac{1}{2}$ grs.; continued treatment. Friday morning, patient better in all respects; pulse reduced to 80; applied stimulating liniment to leg and thigh; linseed poultice to wound, covering the whole with flannels wrung out of hot water; ordered the carbonate of ammonia and citric acid every 4 hours; other treatment continued. Wednesday morning, patient in all respects much improved; pulse 80; appetite good; continued treatment.

This patient took 30 grains of carbonate of ammonia every 2 hours, for 60 hours; then every 4 hours, for 36 hours; making in all 19 drachms in 96 hours, together with 3 drachms of quinine; the dangerous symptoms being at once arrested, and finally entirely removed.

The inflammation had passed up the deep veins, and was descending along the long saphenous vein.

Sept. 11. Wound nearly healed; has good use of the limb, considering the extent of the accident, and the severity of the subsequent inflammation.

Antiseptic Treatment of Wounds and Ulcerating Surfaces.

By Prof. Geo. Halley, M. D.

The benefits to be derived from the use of carbolic acid are admitted by all intelligent surgeons of the present day. The only question with most surgeons is, how, and in what strength, shall it be applied. I wish, while drawing attention to several clinical points of interest, to discuss this point in particular.

B. F. C—, æt. 57 years, called at my office early last winter for advice in regard to his leg, which he said had been sore since he was 6 years old, and for the last 26 years had never closed. On examination, I found an indolent ulcer on the front of the left leg, 11 inches long by $5\frac{1}{2}$ wide, raised much above the surface, having the appearance of a cauliflower. The dis-

charge from it, which was profuse, was very offensive, and of a sero-purulent character. I proposed an operation to him, viz: cutting down on the bone, which I supposed was carious, and which I afterwards found to be so. In two days after I saw him, I placed him under chloroform, and in the presence of the class of the Kansas City College of Physicians and Surgeons, cut down on the bone. I found it carious to a great depth. I separated all the soft parts from the bone, laying it bare 13 inches long and $6\frac{1}{2}$ inches wide. From the long continued inflammation, the bone was not only larger in circumference, but $2\frac{1}{4}$ inches longer than that of the opposite leg. With gouge, saw and trephine, I removed all the carious bone, having to go in some places $\frac{3}{4}$ of an inch deep. After the operation, the surface of naked bone was brushed with sol. ferri persulphatis, to arrest hemorrhage, and then strapped with adhesive plaster, to afford support to the surrounding tissues, and, as far as possible, to approximate the edges of the wound.

It gave him a great deal of pain, and though the surface was dressed with zinc ointment, the bone began to take on unhealthy action, and the wound to become offensive. I had at once recourse to the strong solution of carbolic acid, 95 per ct., which I applied to the whole surface of the bone with a hair pencil. He said it made it glow with an unnatural heat, but promptly relieved the pain. Granulations had now sprung up from the bone, and were going on rapidly to cover it. I was at first doubtful as to whether or not the strong acid would destroy the young granulations, and I should find that in attempting to save bone I was destroying flesh. My fears were vain. The more faithfully I applied it, the faster and more perfectly the granulations came up from the surface of bone I had exposed. I did find, however, that where it came in contact with the skin, it produced deep sores. I substituted for it an ointment composed of balsam tolu, Canada balsam, glycerine and lard, that, for a time, appeared to do very well. He, however, complained of great pain in the leg, especially at night, and begged to have the acid again applied, if only in a small quantity. I tried a weaker solution, one that would not hurt the skin, but it did not have the desired effect either in relieving the pain, or in stimulating the granulations to a healthy development, and I was forced to

again have recourse to my old practice. Strapping was assiduously adhered to throughout. After the first three weeks, he was away from under my care about half the time, but the carbolic acid was used constantly along with the ointment dressing last named. On Feb. 16th, he returned, having been gone about five weeks. Healing had got on finely for a time, but the acid and ointment both giving out, and the sore giving him no pain, he had neglected it, till it was in the condition as seen at present. I again dressed it with the strong acid, and had the satisfaction of seeing healthy granulations springing up in a few days.

On the 8th of March I inserted eighteen grafts taken from the inside of the knee. In four days I saw some of them evidently taking, and as he wanted to return home I allowed him to do so. In two weeks he again returned. Six of the grafts had taken, and some of them were now as large as a silver five cent piece. I inserted eight more, and as the discharge was offensive, I covered the wound with a piece of lint saturated with a weak solution of carbolic acid. After waiting several days, I found all my grafts had disappeared, the acid having destroyed them entirely. I inserted some more and dressed with water and alcohol, and in two days saw them starting to grow, by the characteristic blue pit on the surface of the granulations. I directed him to use alcohol and water as a dressing, and sent him home. In eight weeks he returned. The centre of the ulcer was bridged over with a band of sound integument two and one-half inches wide, that left two open surfaces still, each about the size of a silver half dollar. I inserted several more grafts that took readily, and in a short time finally closed the surface that had been open for the past twenty-six years.

CASE No. 2.—June 7th I was called to see a man, B. W., who had been shot the night before in the knee with a navy revolver. Dr. Wood had been called and had dressed the wound temporarily, and as he was leaving town for a few days, he requested me to take the case. On examination I found the ball had struck the centre of the patella, producing a stellate fracture of that bone. There were at least four fragments that moved under the skin, much like small pieces of ice in a bladder. One fragment that could not be got into place, Dr. Wood had

removed. I probed the wound, and found the ball had gone backwards and a little outwards, probably lodging in the soft tissues in the popliteal space. The external semilunar fibro cartilage was broken into fragments that could be felt by manipulating. There was a good deal of blood and synovial fluid escaping from the wound, a great deal of pain at the outer side of the joint, but as yet not much swelling. I arranged it on a splint in a slightly flexed position, leaving the space at the back of the knee free so that I might apply an ice bag. I used two ice bags, one behind and one in front of the knee. I strapped the fragments of the patella as closely together as possible, leaving the wound exposed. The wounds were dressed with sol. of sulphurous acid, 3i. to the 3i. water, a small piece of lint being frequently wet with it and kept over the wounds. Ice was kept constantly to it, both before and behind. As soon as it began to get the least warm, even though there was ice in the water, it began to hurt, the pain being of that peculiar throbbing character found only in dense fibrous structures. For several days there was a good deal of constitutional disturbance, which was, however, kept in check by active depletion. No untoward event arose, the constitutional symptoms disappeared, pain was almost nil, wound, promptly closed with blood coagula at first, healed, all discharge having stopped in about five days after injury. I now considered it safe to put on the plaster of Paris splint after Langenbeck's method, and allow him to go about on crutches. On July 15th I put it on, and had the pleasure of seeing that there was not only no trouble but that he was able to bear all his weight on it without pain.

In four days I was sent for to see him again. I found that, getting into a street row, he had received a violent fall on his knee. Being intoxicated, he was not in the least aware of the nature of his injuries. I cut off the splint, which was saturated with blood and synovial fluid, found the wound widely open, synovia pouring out, pain very great, pulse one hundred and thirty and wiry, tongue heavily coated, in short, just such a set of symptoms as would justify a surgeon in at once amputating. At the urgent solicitation of the friends, in view of the rapid and remarkable recovery he had just made, I decided to attempt to save the limb again. I put it

up in large bags of ice that were to be kept constantly on. I depleted with the salines and Tartar emetic, dressing the wound as on the former occasion. But I was not so fortunate as before.

Pus rapidly formed in the joint and flowed out of the wound in great quantities. I now injected the cavity of the joint with strong carbolic acid (ninety-five per cent.) after pressing out all the pus I could, without giving very great pain, and allowed as much of the acid to remain in as would. He simply said it felt hot, but not painful. In four or five days I was gratified to find the discharge had greatly diminished in quantity, and improved in quality. At first there was a large quantity of synovial membrane discharged, and several pieces of what had the appearance of fibro-cartilage. As the discharge diminished I diminished the strength of the acid solution until it had entirely ceased. I still kept up the ice, for I found on the least attempt to withdraw it, the inflammatory symptoms would again make their appearance. On the 1st of August I withdrew one ice bag, and found no bad effects, on the 12th I withdrew the other, and on the 16th I put on a light splint and discharged him from further treatment. The patella was somewhat separated, but as I had kept up passive motion, the joint was not ankylosed, and though there is some thickening around it, there is but little loss of motion or usefulness. He has been at work now for about a month, wears nothing on it, and only walks with a cane.

Here, I think, we have the powerful effect of carbolic acid illustrated in a very striking manner, in arresting the retrograde process. When used full strength it gave almost no pain at the time, and in a short time appeared to have an anæsthetic property. Another point I would call attention to is the heroic method of using cold. Nothing, I am convinced, could have saved the last case but the fearless use of ice. It must be persevered in, though, to bring about the desired result, even if the skin is destroyed by it, as it was in this case.

A Case of Gun Shot Wounds of Right Lung and Shoulder Joint.

Reported by I. B. WOODSON, M. D.

July 3d, 1872, was called to see Walter H., a large and powerful man, quite a well known character in this city. In a "mêlée" at a notorious "Maison de Joi," on Delaware street, he received two shots. When first called to see the man, he was lying in the police office where he had been carried after the shooting. Found him unconscious, with stertorous breathing, and presenting all the symptoms of collapse. The bullets had both been received at short range, and were from the largest sized navy revolver. One ball entered immediately beneath the clavicle, and grazing that bone struck the edge of the cartilage of the humerus, glancing a little downward and outward, made a little to the outside of the inferior border of the scapula. The other ball entered an inch above the right nipple between the third and fourth ribs, and ranging downward and directly across, made its exit between the sixth and seventh ribs. The wounds were quite large and the prospect not very good. I had the man removed to the Broadway Hotel, where he was furnished with a fine airy room, and here he was supplied with every convenience, and a most faithful nurse. The hæmorrhage from both wounds, although, I believe, mostly venous, was excessive, so great as to drain through two mattresses, and make a large pool on the floor. I had but little hopes of his recovery. Mr. H. had been for years addicted to the excessive use of liquor, and had been known to drink almost incredible quantities in a short time. I had attended him for violent attacks of "mania a potu" on no less than six different occasions, and knowing the ill effects of alcohol in such a case, I had but little hope. Reaction came up very slowly, but when it did, was well established. I shut off entirely his supply of liquor, applied iced cloth to the whole of the chest, which I may here say was the only dressing I used during the progress of the case. The hæmorrhage continued quite free for twenty-four hours, but was never very alarming after the first few hours. On the 6th, or the third day after the injury, he began to show

alarming symptoms of depression, and I feared that pyemia would certainly ensue. I then put him on beef tea and a liberal supply of brandy toddy, a tablespoonful of brandy every hour during the day and frequently during the night. Being a little disposed to delirium, I controlled this with small doses of morphia. After a determined effort of two days, the unfavorable symptoms left, and the case proceeded finely until the 11th of July, or the eighth day of the injury, when he presented the same unfavorable symptoms as on the former occasion. The wounds all along had presented quite a healthy appearance, and there had been but little discharge from them. Now there came on a thick, sanious discharge, very offensive in odor, and I feared an attack of erysipelas. Feeling in a rather experimenting mood, I commenced the use of Tilden & Co.'s Bromo-Chloralum, and I found this superior to anything I had ever used, both as a local application and as a disinfectant. The quantity of beef tea was doubled, and brandy increased. The unfavorable symptoms lasted but two days, and from that time on he never had any trouble, and on July 20th, just seventeen days after the injury, he was able to walk, and in a few days after that seemed to be in fine health.

There are several interesting features in this case. The rapidity of his recovery, in the face of the fact that his whole frame had been fairly soaked in whiskey for so long. Again, why was there not more hæmorrhage and expectoration? There was scarcely enough to be worthy of mention, and yet one of the balls pierced the lung through and through. Was it a case of union by first intention in the parenchyma of the lung?

SELECTIONS.

Surgery.

Exposure and Stretching of the Last Four Cervical Nerves at the Spinal Cord—A Successful Operation for Overcoming Anæsthesia and Cramp.

BY PROF. VON NUSSBAUM, of Munich. Translated for the Kansas City Medical Journal.

The following operation is without a parallel in surgical literature, the spinal cord having hitherto been tolerably exempt from inroads of the knife.

Rudolph Hailer, a soldier, aged twenty-three, had received a blow, with the butt of a musket, on the left elbow and the back of the neck. At the latter point an abscess had formed, which was, however, perfectly healed at the end of two weeks. As a result of the two injuries, there ensued a cramp-like contraction of the left pectoralis major and minor, and of all the flexors of the left arm, forearm and hand. The contraction of the muscles was so constant and powerful that it was not possible, with all the force that could be applied, simultaneously to extend the forearm and fingers. The sensibility of the parts was much lowered though not lost. Pricking with a needle was not felt on the dorsal surface, and deeper incisions caused but little pain. All rational treatment had been tried. The direct and induction currents had been applied in vain for months; opium, belladonna, mercury, etc., internally; blisters, gymnastics, baths of various kinds, externally; all were equally fruitless.

During profound chloroform narcosis, the contracted muscles could be easily stretched, and the parts tied down to a board, but long before the patient awoke, while he was still unconscious and insensible to pain, the contractions would return with such power as to press the boards or bands deep into the flesh, and necessitate their removal. Subcutaneous division of several tendons afforded temporary relief, but in a few days the old state of things returned.

Prof. Nussbaum considered the affection to be an irritation of the motor nerves, with implication of the cord.

Prof. Voit, the Physiologist, examined the patient carefully, with the aid of all the appliances of modern science, and came to the conclusion that the cause of the difficulty was central. "The motor branches of the four lower cervical nerves," he declared, "are powerfully affected, the sensory roots, on the contrary, but very slightly so. As the motor and sensory roots are to be found separated only within the cavity of the vertebral canal, uniting as they emerge therefrom, it seems altogether probable that the seat of the evil is in the cord itself, at the origin of these roots. The only remedies from which we have anything to expect, then, would be those that act on the cord itself."

Following these suggestions, the medical treatment was resumed. But the use of the various narcotics, large doses of strychnine, administered internally and endermically, and other similar treatment seemed to do harm rather than good, and the poor patient often begged them to "cut off the nerves."

The only case within the Dr.'s knowledge which offered any analogy with the present one, was that of a girl, six years of age, in whom he had performed a resection of the elbow joint, on account of ankylosis, during the winter of 1860-61. In that instance, there was a painful, cramp-like contraction of the ring and little fingers, which disappeared after the operation, as was believed, by reason of the stretching of the ulnar nerve incidental to the manipulation.

Supported by the analogy of that single case, and despairing of help by other means, Nussbaum determined, in the patient now before him, to lay bare all the nerves affected and to stretch them; and, as the spinal cord was also involved, to follow up the four lower cervical nerves to their point of emergence from the spinal canal, and there make what traction on them he could, hoping thereby to break up any existing adhesions with the intervertebral foramina and perhaps to produce a favorable effect on the neighboring portions of the cord.

The operation was conducted as follows: The patient having been put thoroughly under the influence of chloroform, Prof. Nussbaum first made a longitudinal incision, three inches in length, over the ulnar nerve at the elbow. The nerve having been exposed, was lifted out of its bony groove, gently stretched and returned again; the wound was then cleansed and closed with sutures. This was done because a part of the original blow having fallen onto the elbow, it was thought there might be adhesions here.

Passing up to the axilla, a similar incision was made immediately over the axillary artery. On coming down to the vessel and nerves, the operator took up and stretched all of the latter, carefully and thoroughly separating them from their

adhesions to the surrounding cellular tissue. There was no special object in stretching the cutaneous nerves, but all were treated alike, owing to the difficulty of distinguishing between cutaneous and muscular. The distinction was clear, however, on stretching them, manipulation of the median, radial and ulnar nerves producing contractions in the muscles to which they are distributed. The wound was now washed and closed.

Finally, an incision, three inches long, was made over the greatest curvature of the left clavicle. The platysma myoides having been divided, the operator laid aside his knife, and, by means of a couple of pair of forceps, isolated the inferior cervical nerves which lie partly behind the sub-clavian artery. These nerves were then taken up, one at a time, and stretched, by holding the nerve in the wound, and running the index finger up along the nerve to its point of emergence from the spinal canal. This is more easily accomplished than would be supposed. The point of the finger having been carried as near as possible to the intervertebral foramen, the nerve was pushed upwards and downwards, backwards and forwards, and gentle traction made directly outward, as if trying to lift the nerve out from its foramen. During this manipulation violent contractions of the left arm and of the pectoralis muscles took place. The stretching being completed, the nerves, which were evidently slacker than before, were replaced as nearly as possible in their original position, a couple of small, cutaneous vessels were tied, and the wound was closed.

"I had now," says Nussbaum, "followed, as far as possible, all the nerves concerned in the anæsthesia and muscular spasm, and I am satisfied that my stretching had been felt even in the spinal cord itself. There was no occasion to touch the upper four cervical nerves, as the phrenic had never shown any signs of disturbed function; no dyspnœa, no spasms of the diaphragm, etc., had ever been observed."

The patient awoke slowly from his chloroform, and whereas, on all previous occasions, his return to consciousness had been preceded by terrible, tonic spasms, at this time nothing of the sort occurred. The forearm and hand could be fully extended without any difficulty. Those portions of the skin which could before be pricked with needles without being felt, were now susceptible to every touch of the finger. On fully awaking, the patient observed, with surprise, that for the first time since the original injury, he could now move the fingers freely and independently of each other.

For the first day or two after the operation the patient suffered with pretty severe pain at each of the three points of attack, but by far the most severely at the points of exit of the cervical nerves from the spine. At one time, for a few minutes,

he was thrown into slight general convulsions, accompanied by loss of consciousness. On the second day it was found necessary to open the wound in the neck, to allow the escape of an accumulation of bloody serum. The wound was thereafter frequently washed with a weak solution of carbolic acid, and did well. The man's condition improved from hour to hour. The muscles, formerly as rigid as iron, grew daily softer and more controllable, and the sensibility of the parts became normal.

"Thus," says Prof. Nussbaum, "the partial loss of sensation and the persistent muscular cramp were both overcome by laying bare of the brachial plexus and the stretching of the four inferior cervical nerves. Encouraged by this success, I should look with great interest and hope to the result of similar interference in case of obstinate cramp of those muscles controlled by the facial nerve. If the laying bare and stretching of nerves acts so effectually for the cure of local anæsthesia and cramp, it cannot be without its influence also in hyperæsthesias. I hope that the present case may prove a stimulus to future experiment, and result in the discovery of much that is valuable."

Abstract of Lectures on the Surgical Treatment of Aneurism in its Various Forms. Delivered Before the Royal College of Surgeons of England.

BY T. HOLMES, F. R. C. S., Professor of Pathology and Surgery.

LECTURE I.—June 4th, 1872.

Mr. Holmes, after thanking the Council of the College for the honor of his appointment, proceeded to remark upon the great changes which had been made in the surgical treatment of aneurism since this subject had been brought before the College of Surgeons, forty-three years ago, by Mr. Guthrie, and which had necessitated a totally different view of the surgery of this disease from that which he took. Mr. Guthrie's teaching led to the inference that, with few exceptions, aneurisms which are not curable by the Hunterian method are not curable at all. But the success of pressure under chloroform, of the flexion of the limb in popliteal aneurism, and of digital pressure, has given a new impulse to the search for milder methods of cure in the more accessible forms of aneurism. The same success has also led to the conclusion that there are no forms of aneurism, however near the heart, which are in their own nature absolutely incurable; and has accordingly stimulated surgeons to test the value of sundry plans newly introduced into practice for the cure of aneurisms situated on arteries which are inaccessible to

operation. Such are galvano-puncture, distal ligature and distal pressure, manipulation, coagulating injection, the introduction of foreign bodies into the sac. None of these novel plans had as yet proved regularly successful; but it was intended to show, in this course of lectures, that some of them rest on a sound pathological basis, and that further experience will, in all probability, obtain success with them regularly in a certain proportion of cases—though the frequent connexion of internal aneurism with extensive degeneration of the arteries or disease of the heart, forbids us to hope for anything like the success which is obtained in external aneurisms.

The main propositions to be sustained in this course of lectures were announced to be as follows:

1. Aneurisms, of whatever form, or however near the heart they may be, ought not to be regarded as incurable, but should be made the objects of definite methodical treatment, internal or external.

2. There is definite proof, from pathological anatomy and from surgical experience, of the curative influence of Brasdor's operation in innominate aneurism, and of its beneficial effects in some cases of aortic aneurism.

3. Arteries may be successfully tied and obliterated without their continuity being interrupted; and the modification of the ligature, whilst affording much security against secondary hæmorrhage, and thus much diminishing the danger of the operation in general, may very probably in future enable surgeons to deal successfully with cases in which it may be necessary to tie the first part of the subclavian (whether on the distal or the proximal side of an aneurism) or the innominate artery.

4. Galvano-puncture may be used with, at any rate, temporary benefit in thoracic aneurism; its use is not so dangerous as to render further trials of it inexpedient; and there is good hope that the method may be so far perfected as to make it a safe and regular plan for the treatment of thoracic, subclavian, and other forms of aneurism.

5. Many cases, such as those in which ligature of the artery near to the heart has been resorted to for the cure of subclavian and subclavio-axillary aneurism, may be made amenable to improved methods of pressure.

6. Aneurismal tumors situated even as high as the lower part of the abdominal aorta, those of the mesenteric and other branches of the aorta, and of the iliac arteries, may be treated with success by rapid coagulation of the blood under pressure; but this method is a dangerous one, and should not be used until internal treatment has failed.

7. There are cases of abdominal aneurism in which Mr.

Syme's suggestion of reviving the old operation is worthy of further trial.

Instances were then adduced of the cure of aneurisms of the aorta by the resources of nature, and others in which that disease had been cured and the patient restored to health by the enforcement of persistent rest and quiet, more particularly one under Mr. Stanley's care, related by Mr. H. Ludlow in the fifth volume of the *Pathological Transactions*, and one under the care of Mr. Joliffe Tufnell.¹ The spontaneous cure of innominate aneurism was also exemplified by a preparation from the Museum of St. George's Hospital.

The various plans of treatment for thoracic aneurism were enumerated. Short mention having been made of the injection of ergotine into the cellular tissue, and of the introduction of iron wire and other foreign bodies into the sac—plans which do not hold out much promise of success—the lecturer proceeded to discuss the internal or medical treatment of internal aneurism. This treatment, a modification of that of Valsalva, had been described by Abernethy and by Mr. Holmes himself, but has been methodised and brought to perfection by Mr. J. Tufnell. It should be the treatment always first put in practice in any case of internal aneurism, thoracic or abdominal, before the adoption of any more dangerous measures.

Brasdor's operation was then discussed. After a short history of its introduction, Mr. Wardrop's reasoning was considered by which he endeavored to prove, not only that the operation will succeed where there are no collaterals between the sac and the ligature (which appears indubitable), but also that in innominate aneurism perfect consolidation may be produced by tying the carotid and the third part of the subclavian, even though all the four large branches from its first part intervene between the second ligature and the sac. This is opposed to the facts which we know (some of which were instanced) proving the very rapid development of the collateral circulation in man. Mr. Fearn's case² was admitted as proving that sufficient coagulation may follow this operation to produce a practical cure; but the radical cure of the disease, *i.e.*, the entire obliteration of the tumour by laminated coagulum, appears impossible under Wardrop's plan.

Turning from theory to the results of experience, these are two-fold, *viz.*, the pathological anatomy of cases where distal impaction of clot has occurred in innominate and aortic aneurism, and the history of cases in which Brasdor's operation has been performed.

The history of the case, previously alluded to, at St. George's

1. In his pamphlet on the *Successful Treatment of Internal Aneurism*.
2. The preparation from this case is in the College Museum.

Hospital, of spontaneous cure of aneurism of the innominate artery, was detailed, and the preparation (obtained after the man's death, four and a half years later from phthisis) exhibited. Cure had, in this case, been produced by impaction of clot in the carotid artery. This had caused the obliteration of the whole tumor, with the exception of a small channel by which the blood reached the subclavian artery. A drawing was exhibited, taken from a case where the carotid was tied on the distal side of an innominate aneurium, by Dr. Wright, of Montreal, which showed a condition of parts absolutely identical. Mr. S. Lane's and Sir. W. Ferguson's cases of distal ligature of the carotid were also adduced in proof of the same proposition, viz., that the distal ligature acts in these cases in exactly the same way as the distal impaction of clot; that its natural (though not necessary) effect is to obliterate the carotid portion of the tumour, and that this may suffice to remove all symptoms of the disease. Again, cases were adduced from the Westminster, the London, and St. Bartholomew's Hospitals to show the effect of distal impaction of clot in the mouth of the subclavian artery, and to prove that, in these cases, the subclavian portion of the sac becomes obliterated, and that the distal ligature of the carotid artery would have almost certainly produced the obliteration of the tumour, and saved the patient's life, which in two of the cases was lost by the bursting of the tumour into the windpipe, and in the third from suffocation. The undeniable inference from these facts is, that Brasdor's operation for innominate aneurism rests on a sound pathological basis.—*British Med. Journal.*

A Simple Method of Arresting Epistaxis.

BY ROLAND G. CURTIN, M. D.

While resident at the Philadelphia Hospital, I resorted to the following plan of arresting epistaxis, with entire success:

I was called into the medical ward one night to a patient bleeding profusely from the nose, the simple measures usually resorted to—as cold, solution of tannic acid, alum, etc.—having failed to control it. Not having any of the more efficient means usually employed for the arrest of such a hæmorrhage, and seeing the dry tannic acid on the table, I remembered the directions given in cases of infantile coryza by Dr. Albert H. Smith, for softening the hardened secretion in the nostrils. He recommends the introduction of lard upon a small roll of fine linen wrapped like an ordinary lamplighter.

It occurred to me that a similar roll of paper, moistened with water and coated with the dry tannic acid, inserted into

the nose, might be of service. I tried it, with immediate success.

I have since found that old linen answers the purpose better than paper applied as the above, as it makes a better carrier, being softer, more flexible, and less liable to break down through excess of moisture. I have also found that the powder adheres better if soft lard be used instead of water.

Any powdered styptic may be employed in the same manner. This plan presents the advantages of being always practicable, and of bringing the powder directly in contact with the mucous membrane without danger of wounding it or of breaking down the delicate turbinated bones.

I have tried this repeatedly with uniform success, and believe, if it were resorted to, that the disagreeable operation of plugging would seldom be found necessary.—*Med. Times.*

Clinical Lecture on Rhinoscopy and Diseases of the Pharynx.

BY HARRISON ALLEN, M. D., one of the Surgeons to the Philadelphia Hospital.

GENTLEMEN: I propose to occupy your time to-day with some remarks upon the pharynx, and the method of examining this cavity, as well as of treating its diseases.

Pharyngeal therapeutics have undergone complete revision since the introduction of the mirror as an aid to diagnosis. You have heard a great deal about the laryngoscope, and what is due to it as an aid to laryngeal medicine; but of the rhinoscope comparatively little has been said, and that little, if I may judge from my knowledge of the books at your command, is presented in such a sketchy and unsatisfactory manner as to mislead, if it have any influence at all. Rhinoscopy is therein represented as an easy manipulation; but I can assure you that it may often prove in your hands one of great difficulty. In your readings of diseases of the pharynx you have no reason to believe that they present peculiarities; whereas, in truth, they fairly bristle with points of unusual bearing, and respond capriciously to treatment.

It is a great satisfaction to know that, in spite of these facts, we have no reason to be discouraged. The difficulties of rhinoscopy, in the majority of cases, can be overcome; while the morbid peculiarities of the region are in entire subordination to well-known principles.

Permit me to allude for a moment to the latter; for I think they have not been sufficiently recognized.

The pharynx is a chamber devoted to the performance of two distinct functions. While a part of the alimentary canal, it yet receives the respiratory tract; gastric as well as pneumonic crases may create symptoms referable to it. The nasal and

oral chambers both communicate with the pharynx; the former is the ordinary passage for the air in respiration, the latter for food. Now, a special muscular apparatus—half valve-like, half sphincter-like, in its action—is so arranged that the base of the valve secures a fixed point from the posterior edge of the hard palate, and is held taut, as sailors say, from below and behind by two obliquely-placed muscular bands (the palato-pharyngeal muscles), which are inserted in great part in the posterior wall of the pharynx. At the same time, two additional bands (the levator palati muscles) are known to pass upwards and backwards divergently from the upper surface of the valve, to secure a fixed point from the temporal bone. This apparatus is capable of cutting off the naso-pharynx from the oro-pharynx, first by the elevation of the valve (by the latter muscles), and secondly by the advance and constriction of the pharynx (by the former). Every such act leaves no portion of the pharynx, excepting its roof, unexcited. It is repeated in every act of swallowing, gagging, coughing, hawking, etc. In ordinary breathing the soft palate moves gently to and fro. Deglutition is by no means confined to eating. A person in health will, every few moments, swallow the saliva which is unceasingly passing into the mouth. We see at once from the physiological relations of the parts, therefore, how difficult it is—if it be not impossible—to give the parts *rest*. We all know the great importance attached to rest as an element of surgical treatment. Suppose a morsel of food lodges in the pharynx. Immediately a spasm occurs, and the offending body is ejected. But suppose again that this foreign body is not a portion of food, but a globule of tenacious mucus, sliding down the soft palate from the nose, as is often the case in ozæna, or—what is quite as frequently seen—a plug of mucus hanging from the fossa behind the orifice of the Eustachian tube, and constantly exciting the pharynx to fruitless efforts to dislodge it; we recognize in these agents not only the indications for their removal, but satisfactory reasons why, if any such local cause persists, no matter how insignificant it be, it may serve as an element of unrest to the entire region.

But we have yet another cause for persistent unrest of the pharynx in disease, viz., that through agency of the nerves. It is a received principle in pathology that an irritant, applied to any filament within the distribution of a given nerve, may excite inflammation at any or all parts of the region supplied by such nerve. Thus, a diseased tooth of the left side may excite an ophthalmia of the same side, since both organs are supplied by the same nerve of general sensibility. So in the pharynx we may have a constant teasing of the parts kept up, and a pharyngitis established, from a diseased state of the

nasal mucous membrane; the nerves in question being the palatine branches of the ganglion of Meckel, which are distributed to the nose, palate, and lateral wall of the pharynx. We cannot meet such cases by the method elsewhere adopted for troubles excited by over-action of a sphincter, and "silence" them with the knife. We must temporize with them as best we may; and, in the first place, a thorough examination of the entire pharynx, from the epiglottis to the roof of the organ, is necessary.

You have, I will say, a case of pharyngeal trouble, the prominent symptoms of which are dryness of the throat, and a tendency to clear it frequently, conjoined with a sense of constriction after moderate exertion in speaking. By the best possible light, one can see nothing of the pharynx but that portion of the posterior wall between the palato-pharyngeal folds. This view may tell a great deal, or it may tell nothing. The follicles may be engorged, the orifices thereof appearing as lentil-shaped swellings; or the surface of the mucous membrane may be dry, glistening, or moist. Do not be satisfied with such an examination, but at once use the rhinoscope. We have said that rhinoscopy is a difficult manipulation. It is so because the mirror becomes that foreign body above mentioned which it is the instinct of the pharynx to eject. You may say that this is equally true of the laryngoscope. Not so; for in laryngoscopy the instrument is inserted during a pharyngeal spasm. This is an accident in rhinoscopy.

To these at-all-times-present obstacles is joined the coincidence that it is the diseased and therefore irritable pharynx which it is desired to examine—one which exaggerates the above difficulty, and one which oftentimes presents a contraction of the space between the palato-pharyngeal folds, and permanent approximation of the soft palate towards the posterior wall of the pharynx. This condition may, indeed, make the examination impracticable. Very many times I have been frustrated in my attempts to examine a naso-pharyngeal space, when from the rational signs I had reason to expect some interesting local change. In a certain percentage of chronic cases, where from long-standing disease the parts have become rigid and the calibre of the part contracted, and in another class, namely, acute syphilitic pharyngitis accompanied, as is the rule, with sub-mucous oedema, thus diminishing the working space, rhinoscopy is impracticable. Excluding these, we may affirm that a satisfactory examination is possible if forbearance on the part of the operator, and a desire to be relieved on the part of the patient, be conceded.

A wide and capacious pharynx will permit a complete examination at the first sitting; but such convenient pharynxes are,

unfortunately, rarely met with. The average pharynx is not so accommodating; it demands a systematic course of training; an apparatus only partially under the control of the will is to be entirely so controlled; an irritable surface is to be made tractable. The first we can accomplish only through the assistance of the patient; the second can be overcome by medication. Should the patient naturally have a strong will, a small pharynx may prove the better one, compared with a larger organ in the person of a hysterical or indifferent patient. I have in this last regard been much disappointed in my attempts to examine the pharynxes of the inmates of the house. As you know, the vast majority of these are human trash of one kind or other, who have drifted into a poor-house hospital from mere lack of those very qualities that make a strong effort of the will to control a half-involuntary muscular act difficult, if not impossible. The result is in attempting an examination of a person of this class, the continual gagging, retching, and tumultuous pharyngeal orgasm are apt to react so disastrously upon that other element of success in the manipulation, namely, the patience of the operator, that he will give up the effort in despair.

I have noticed, also, that it is very difficult to examine the pharynx of a negro. This appears to be due to the fact that the tongue in persons of this race is of proportionately large size, with increased sensibility towards its base. It is correspondingly difficult to control. The pharynx of edentulous persons is also examined with difficulty; contraction of the pharynx following the most careful use of the tongue-depressor.

The manner in which I have conducted my examinations has been as follows: The position of the patient is similar to that for laryngoscopy; the head is thrown back, and the strongest reflected light which can be secured from a concave mirror is directed upon that part of the naso-pharyngeal aperture into which it is proposed to reflect the image. We will say we desire to examine the right side of the upper part of the pharynx. The light is focussed upon the *left* half of the aperture, and illuminates the corresponding half of the posterior wall of the pharynx. The tongue-depressor is now introduced by the left hand, and the tongue gently but firmly depressed, while the mirror, which has been warmed, is pressed into the mouth and guided by the depressor back into the pharynx between the uvula and the left palato-pharyngeal fold. The elbow of the shaft of the mirror should not at any time be permitted to leave the tongue-depressor. Nor should the slightest touch with any part of the pharynx or soft palate be permitted. The uvula should be dodged, and all attempts to draw it forward by hooks and snoods avoided. As a rule, active resistance to interference

is the only response, no matter how often the experiment may be repeated. Any parts permitting the uvula to be touched by an instrument without causing elevation of the palate and consequent occlusion of the naso-pharyngeal aperture can be so educated as to render such accessories unnecessary. It is in the act of introducing the mirror to the position indicated that the chief difficulty exists. Having secured this vantage, the rest is easy. Now carry the mirror obliquely as far as possible over to the left, and then gently depress and elevate the handle. By this means a vertical view of the *right* side of the lateral wall of the space above the palate can be secured. This includes the palato-salpingal fold covering the levator palati muscle, the Eustachian fossa of Rosenmüller. Next rock the mirror by a to-and-fro action of the handle. A transverse view of the space can be secured at the left of the posterior naris, with its contained images, the septum narium, and possibly a portion of all of the right naris; the junction of the vomerine septum to the roof of the pharynx, and the posterior edge of the soft palate, with the uvula, may be seen. For the examination of the left side the process must be reversed. The tongue-depressor must be held in the right hand—the mirror in the left—and carried well over to the *right* side of the aperture. If, after repeated trials—let me say six or eight—the throat proves captious, it is better, in my judgment, to dismiss the patient for the day, ordering a gargle of chlorate of potassa or bromide of potassium to be used freely until the next sitting, at which time you may be surprised to find that the former difficulties have vanished, and that you are able to make a satisfactory examination. I have occasionally, however, been compelled to ask of my patient two or three sittings before I could give an opinion as to the condition of the parts.

Let us suppose the examination is successful. What are the conditions to be observed, and what are their relations to pharyngeal disease? I would have you remember the order in which I named the noteworthy objects therein contained. The palato-salpingal fold may be thickened, and tend to narrow the lower margin of the orifice of the Eustachian tube. The Eustachian fossa may be patulous, plugged with mucus, or closed. If the latter, the palato-salpingal fold may be suspected as an auxiliary; or, as is more commonly the case, the hook-cartilage of the tube is reddened and thickened, while the fossa of Rosenmüller is occupied with a plug of tenacious mucus. The superior and middle turbinated bones are of a pale slate-gray color. Unless the patient be unusually well trained, only the upper portion of the inferior turbinated becomes visible. The septum narium is of brighter color than the turbinates. A swelling of the mucous membrane covering its sides becomes oftentimes a

very noticeable feature, and is alone capable of preventing proper passage of air through the nasal chamber of the side within which it is found. The roof of the pharynx may be thrown into transverse folds, which, if well marked, gives a flesh-colored cushiony appearance to this part, very unlike the rest of the general surface. This ends abruptly at the base of the septum narium. The contrast in appearance between the septum narium and the roof of the pharynx is very striking. This part may be found thickened, and bleeding readily—a condition which has been described as adenoid disease by Meyer of Copenhagen. In one of the worst cases of spermatorrhœa that has come under my notice, the upper third at least of the space was occupied by tassel-like growths, which bled readily.

I have notes of a remarkable case of occlusion of both posterior nares from what appeared to be a growth of membrane descending from the roof of the pharynx. An unmarried female, aged twenty-three, a cook, noticed difficulty in clearing her nose, five years before coming under my notice. She had difficulty of hearing in the left ear eighteen months before. Both posterior nares were closed, excepting a small opening the diameter of a small darning-needle on the palatal curve of the right posterior naris. A Eustachian catheter passed into the nose could not be made to rupture this curious membrane. The case also exhibited chronic inflammation of the pharynx and larynx.

Ulcerations of any kind I have never seen. My experience appears to be exceptional in this regard. Mackenzie, Semeleder, and others mention them. I have had reason in chronic syphilitic angina to suspect the existence of ulceration in the naso-pharyngeal space, but, for the reasons already given, have failed to complete an examination.

In the great majority of cases, pharyngeal disease, when originating above the palate, is located in the group of closed glands analogous to the tonsillar gland, which is lodged behind the Eustachian tube in the fossa of Rosenmüller.

When we remember how frequently the tonsil becomes enlarged from repeated attacks of inflammation, we are prepared to learn that this glandular mass frequently becomes the seat of disease. From this peculiarly isolated condition—being removed from the grasp of the constricting act of the pharynx—it, while serving to excite increased activity of the glands within and around, is unable under diseased conditions to remove its own thickened secretion. The individual is constantly fretted with a desire to rid himself of some irritating substance above his palate. To use his own expression, he is continually hawking, and the pharynx is “dry, dry, dry!”

In a number of these cases I have traced a history of diphthe-

ria. One gentleman, who had had this affection eight years, attributed it to an attack of that disease. It would be worth while to remember the possible association of these troubles.

That the posterior edge of the soft palate is oftentimes the seat of syphilitic ulcerations is well known; and their prevalence should never be forgotten in cases of angina. The continued excitation of the posterior wall of the pharynx by such an ulcer may, and often does, spread the disease, and tend to contract the communication with the nose.

In a lingering acute naso-pharyngeal catarrh the membrane is of a dark flesh tint, bathed with a copious secretion. The Rosenmüllerian fossa is not apt to be filled with mucus. The capital of the internarial column is marked by a deltoid patch of submembranous oedema, the apex of the figure being adjacent to the thickened membrane at the roof of the pharynx.

It is a noteworthy fact that profound morbid changes may take place in the general lining of the pharynx without involving the interior of the Eustachian fossa. The delicate lightish-yellow hue of the anterior surface of the hook-cartilage met with in the orifice of the fossa is very generally present. Occasionally it may be traversed by a minute vein.

The points to be observed in examining the fossa are, first, to what extent, if any, the cartilage is pushed forward, thickened or otherwise changed. Engorgement of the pharyngeal tonsil may accomplish the first of these, or a chondritis may in itself tend to occlude the opening. Second, the relative size of the whitish spot. It may be large, with the lower margin of the orifice contracted downward—when no thickening of the side of the pharynx is present—or it may be small, and depressed within a cushionary vestibule formed by the surrounding infiltration.

Yet another feature of the upper region of the pharynx deserves more than a word in passing: namely, the varieties of mucous membrane found there. No division of the alimentary tract can boast of so many. We have mucous membrane in contact with a periosteum (muco-periosteum), as on the nasal septum; we have the membrane conjoined with a perichondrium (muco-perichondrium), as in that covering the hook-cartilage; we have the membrane covering the aponeurotic tissue at the roof and the side of the pharynx. These relations have a tendency to make acute inflammations of such membranes pass into chronic forms. Thus a coryza may become a chronic catarrh; and we have the lesion of that disease so modified by its locality as to be liable to excite an otitis of the septum and the turbinates, or perichondritis of the tube.

Treatment.—I will not detain you long with remarks upon this branch of the subject. After the cause of the condition

has been ascertained, the plan of the treatment is at once apparent, and presents comparatively few points of interest not already in your possession. The remedies for inflammation of the pharynx do not differ from those employed in other inflammations; and here, as elsewhere, the metallic salts hold their supremacy—and chief among them the nitrate of silver. I believe that the judicious use of a solution of this article, in strength ranging from twenty to eighty grains to the ounce, will accomplish more than any other agent in chronic pharyngitis with dryness of the parts about the naso-pharyngeal apertures, and in which, more particularly, the rhinoscope has announced the presence of a muco-chondritis of the Eustachian tubes, or the so-called adenoid condition of the roof of the pharynx. In those frequent instances of pharyngeo-tonsillar hypertrophy, with tendency to hawking of mucus, a Eustachian catheter used as a probe may be made to pass from the nose to the affected spot, and the offending secretion scraped away. In some cases I have made an application of the medicated stick, as it is called: namely, a fusion of nitrate of potassa and nitrate of silver. This I accomplished in the following manner. We will say equal parts of the two salts are melted in a test-tube; the twisted tip of a slender wire of aluminium is now dipped into the fused material. Upon withdrawing it, a small quantity of the mass will be seen adhering to it. A Eustachian catheter of broad calibre (I have had an instrument of britannia metal made by Gemrig, of this city, for this purpose: it is shaped like a Eustachian catheter, but is of wider calibre) is now inserted into the nose. The patient being intrusted with the tongue-depressor, the rhinoscope will announce the exact position of the instrument. When it is known that the end of the curve is fairly engaged in the fossa of Rosenmüller, the rhinoscope may be withdrawn and the charged wire passed through the catheter with the disengaged hand, and brought in contact with the affected surface. Or a few drops of a strong solution of silver may be carried along the catheter by a syringe armed with a long nozzle (an ordinary hypodermic syringe, with a nozzle sufficiently long to reach the curve of the catheter, will accomplish the purpose very well), after which the Politzer may be employed in blowing the contained fluid freely into the fossa. In the case of adenoid disease associated with spermatorrhœa, previously alluded to in this lecture, marked benefit followed the application of the medicated stick to the roof of the pharynx when injections from beneath had failed. In my hands this method of reaching the affected parts has proved more satisfactory than the pharyngeal syringe. The instrument is objectionable from the fact that it operates from below. Annoying spasm, too, often interferes with its applica-

tion. With children, however, and intractable adults, it is a valuable adjunct. Dr. O. D. Pomeroy, of New York, has used extensively, and with satisfactory results, an instrument resembling a Eustachian catheter, but bulkier, to which is attached a Politzer bag and tubing. A few drops of the selected fluid are sucked up by the bag through the terminal orifice of the instrument, and thrown up above the soft palate.

In pharyngitis dependent upon general naso-pharyngitis, no instrument can approach in efficacy the atomizer. The best form of this instrument I am familiar with is that known as the Sasse sprayer. The peculiarity of this instrument consists in a test-tube receiver which is held in the left hand, and a pair of very long barrels, the points of which, when the receiver is near the mouth, are lodged within the axis of the pharynx; the whole being worked by a bulb and tubing held in the right hand.

In specific ulceration of the naso-pharyngeal space, I have obtained good results from the use of a solution of sulphurous acid of one drachm to the ounce, sprayed upward through the naso-pharyngeal aperture; or the pure acid may be applied to the affected spot if the part thus operated upon lie below the palate.

Where there is abundant mucus, as in lingering acute catarrh, a spray of strong alum-water proves oftentimes efficacious. It is in this class of cases that insufflations of alum are of advantage. The best insufflator with which I am acquainted is a simple glass tube, bent at convenient angles and furnished with a fenestra at about its middle; a light piece of India-rubber tubing attached to one end of the glass tube completes the instrument. The powder to be used—we will say alum—is inserted in the glass tube through the fenestra, which is then covered by a sliding cylinder of rubber. The instrument now being inserted in the pharynx, with the orifice of the tube pointing upward, the opposite end of the instrument is held between the lips of the operator, who quickly blows the powder up into the naso-pharyngeal space. I am indebted to Dr. Bertolet, of Philadelphia, for the instrument I show you.

I must not neglect mentioning the nasal douche as an adjunct to our treatment; more, however, as an aid in *washing* the parts than to medicate the region. Weak solutions of salt, or carbonate of soda, used *tepid*, will meet every indication. The washing need not be repeated oftener than once a day—say at the time of the morning toilet.

Such is a brief outline of the different forms of pharyngitis. I do not wish to paint the subject in too bright colors, by saying that you can overcome all difficulties by the rhinoscope and improved means of medication. But I am sure you will find

these methods more satisfactory than the old-time administration of gargles and snuffs; and it is certainly desirable to place pharyngeal medicine on a scientific basis, which with the aid of the rhinoscope is alone practicable.—*Phila. Med. Times.*

The Modern Treatment of the Advanced Stages of Constitutional Syphilis.

By WILLIAM ACTON, F. R. C. S.

Read before the Surgical Section at the Annual Meeting of the British Medical Association in Birmingham, August, 1872.

The presence to-day at Birmingham of my distinguished master, M. Ricord, has induced me to write a paper on a subject which has occupied more of his attention than that of any other European surgeon. It may not, however, be known to many of those who must have listened to the brilliant lectures of the French professor under the lime trees at the Hôpital du Midi, that he has ceased for some years to publish any of his opinions; and it is only by letter, or the international interchange of private patients, that even old pupils are acquainted with his present views. If, then, I can induce my distinguished friend to state his opinions on the important question of the treatment of syphilis, I think I shall have "done the State some service." Who is there but has often wished to know the matured opinions of our distinguished countryman, Harvey, on Generation? Would not every practical surgeon set great value on the opinions of John Hunter, if we could have possessed that author's remarks thirty years after his great work on the Venereal Disease had been published, canvassed, and tested, in all parts of the world, as has been the case with the investigations of my learned friend who has come to visit us to-day?

On what constitutes the virus of syphilis, I fear we know little more at present than we did thirty years ago. Experience, however, has corroborated M. Ricord's observations, that relapses of constitutional syphilis are not uncommon even after long periods of apparently perfect convalescence. These accessions of disease we may attribute sometimes to neglect of treatment; but we must admit, likewise, peculiarities of constitution and temperament as bearing on the tendency, which, in spite of the best regulated treatment, will be followed by relapses. In other instances it is noticed that any general disease which will debilitate the system may be followed by an attack of constitutional syphilis, which without such debilitating cause would never have occurred. The old theories about the influence of *ferments* seem to be borne out by some of these exceptional cases.

Practitioners, however, will agree with me that, in the present day, in some of these rebellious cases patients and medical men both lose confidence in remedies, and there are those among us who, after seeing such relapses, doubt if it be the effects of syphilis or mercury which we have to treat in these advanced cases.

The *treatment* should consist in ameliorating the symptoms, commencing with those that are most urgent. We should attempt to improve the broken-down constitution, too often found in these instances; if mercury have been given, we must leave it off till the constitution has somewhat recovered. Our object should be to place the patient in the best possible condition as regards air, diet, and freedom from anxiety, and, if possible, to give him confidence that the disease is curable, for the moral and mental depression to which the patients are reduced is often very painful to witness.

This being done, I commence with tonics and iodide of iron. If there be ulcers, I treat them with the ointment of nitric oxide of mercury. If the throat and voice be affected, topical applications must be used. If osseous or periosteal tumours exist, iodine or blisters should be applied to reduce the size of the swellings and prevent disfigurement, or pressure on the brain or spinal cord. This local and general treatment will act almost as by a charm in relieving sleeplessness and pain in the bones and joints.

In the commencement, notwithstanding that iodine may have been taken (according to the statement of the patient) without previous benefit, I commence the syrup of iodide of iron in bitter infusion, taken at meal-time in moderate doses. As long as the remedy tells on the constitution, I adhere to moderate doses; but as soon as convalescence tarries or progress is not made, I increase the dose even to two drachms three times a day. When the system becomes tolerant of these doses, I change the syrup for the iodide of potassium in solution, beginning with ten or fifteen grain doses, taken at meals and dissolved in large quantities of fluid.

The subsequent treatment should be guided not by the number of grains given, but by the effect which the remedy has on the complaint. As soon as the disease ceases to retrograde, I augment the dose with the best possible effect. When the preparations of iodine and potash cease to benefit the patient, I add bromide of potassium, not in combination with the iodide, but prescribe it at a different time of the day. It frequently happens that we succeed in curing the disease with these salts, but if the complaint be very persistent, if relapses occur after short intervals, I no longer hesitate to give mercury, and my hearers may be glad to learn what are the indications we follow in the administration of the remedy.

Treatment with Mercury.—As a general rule, it must be admitted that mercury is not required in the treatment of the advanced stages of constitutional syphilis. In fact, we attempt to cure our patient without resorting to the mineral. On the other hand, there are many instances in which the recovery hangs fire; the patient ceases to improve even under large doses of iodine. The disease becomes stationary. Yet such are the objections of some practitioners to a course of mercury, that, in spite of the recrudescence of severe symptoms, the anti-mercurialist will not give mercury in any form. This is an error of the day. The rule which experience teaches us is that, if a relapse occur, or if the progress of recovery be arrested, after the various preparations of iodine have failed, some of the mercurial preparations must be had recourse to, judiciously given and closely watched. In some cases, friction with mercurial ointment will be most beneficial; and I must admit that in England I find the old plan of rubbing in mercury answer better than almost any other that I am acquainted with. There are those who employ fumigations. M. Ricord is very partial to a prescription combining biniodide of mercury, iodide of potassium, and sarsaparilla. In these stages, the writers of the last century had a high opinion of corrosive sublimate; but this irritant poison has fallen into disuse in modern practice. Those of my hearers who are acquainted with the writings of the older authors on syphilis need not be reminded of the almost miraculous recoveries detailed after giving mercury, long before iodine was known; and it is stated that the patient never had a relapse. These old writers, however, omitted to state how often the remedy not only failed, but brought the patient to an early and untimely grave. I can bring to my recollection many instances which, I have every reason to believe, died from the administration of mercury given on the old plan, and which would now be rescued by the mercury being preceded by the different preparations of iodine.

If mercury be found beneficial, as I am sure it will be, if judiciously given and carefully watched, the symptoms of syphilis subside, and the preparation should be persisted in till every vestige of the disease disappears. The dose required is sometimes surprisingly small. I have known obstinate symptoms, which have withstood iodine, disappear in a week. In a case now under my care, of syphilitic nodules of the testis, a six weeks' course of frictions has been required to enable the testis to recover its former elastic feel, and its functions are now performed satisfactorily. It is singular to notice in these cases how the general health improves under mercury. The patient loses the habitual earthy expression, becomes florid, and gains flesh; his spirits improve as the local affection declines, and he ceases to be liable to relapses.

Such, then, is the course of syphilis, and we must admit that it is a very serious complaint; and the few minutes that are left to me cannot, I think, be better employed than in stating that, according to a recent return of the Registrar-General, the deaths of twelve infants and of one adult were directly referred to syphilis, showing an excess of five upon the corrected weekly average. Without an intimate acquaintance with the laws of syphilis, no one can venture to legislate on what are now popularly known as "Contagious Diseases."

The passing of the Acts bearing on these diseases must be attributed to the attention which has been called to the frequency and severity of syphilis. On sanitary grounds, 2,700 medical men have, during the last session, urged on Mr. Bruce the continuance of these Acts. In fact, no one now contests the beneficial influence of their operation on public health—the evidence we have brought together on this subject is overpowering; but we as medical men, and this Association more especially, have still a great task before us. We cannot conceal from ourselves that, if we wish to carry out our views, we have strong moral prejudices still to overcome. Granted (say our conscientious and well-intentioned opponents) the advantage on sanitary grounds, still we object to the Contagious Diseases Acts, because we fear we shall lower the high standard of English morality. I can only repeat what I have stated elsewhere: that if I thought the existence or the extension of the Acts would have such an effect, I for one would have long ago ceased to agitate this question; but the more the various bearings of this international question are considered, the more the ablest men of the day are convinced that the Contagious Diseases Acts have a moral tendency. I hope that they will be more thoroughly year by year carried out, notwithstanding all the clamour that has been raised against them; and I have no hesitation in asserting that, the longer these Acts are in operation, the more beneficially will they be found to act on the morals as well as on the improved sanitary condition of our population. Our French *confrere* will, I hope, on his return to Paris, be able to tell his compatriots that the English sailor is gradually ceasing to be the disseminator of that foul scourge, syphilis. The day is at hand, I hope, when foreign precautions against syphilis will not be defeated by the influx of diseased British sailors into foreign ports, because a minority of well-intentioned but narrow-minded English men and women refused to sanction the examination and seclusion, when found diseased, of common prostitutes. I hope to see the day when the disease (the ravages of which we have been describing) should be stamped out. This almost total extinction has been found successful at Malta, and, on a small scale, syphilis has been

banished from the garrison at Colchester. It has diminished in all our large garrison towns where the Acts have been in operation; and I am pleased to hear that in the Lock Hospital of London, which at one time had not beds enough to accommodate the Government patients, there are not sufficient women to fill the wards appropriated to these cases.

But differing as we do about the benefits of the Contagious Diseases Acts, all are agreed that the agitation to which they have given rise must be attended by ultimate benefit; not the least of which is that the public women of England will be no longer allowed to disseminate a disease, the consequences of which I have, I fear, but feebly described in this paper.—*British Med. Journal.*

The Treatment of Syphilis.

By M. P. RICORD, Paris.

I must thank you very much for the reception you have accorded to me, and I am deeply gratified at finding that my name and reputation are known to you. I have not prepared anything to say, and I did not intend to speak; but Mr. Acton caught me, and has forced me to speak. It is a trick. I came here to listen, and not to speak—to learn, and not to teach; but, if I am to speak, it will be little, after what Mr. Acton has said; for he has entirely given my views on the phases of syphilis, on the peculiarity of symptoms, and on the manner of treatment.

There is one question which comes before the medical man very frequently: Can syphilis be cured radically? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these “accidents,” not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been great differences in the treatment of them, and they have been radically cured. Doubts have been raised whether real syphilis can be radically cured, and those doubts are not new. Mercurialis thought that it was liable, even after the lapse of years, to break out again; and the doubts remain in the minds of many whether it can be cured radically or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis; for, as

long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffering under the effects of secondary symptoms, he cannot have a chancre of an indurated character; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre; if it takes, he was free; if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms; but I say that if the treatment be well done and soon done—and this is most important—you can prevent the first bursting out of the secondary symptoms. Why it is not prevented is, that the treatment is applied too late in the first instance, and the secondary often come before the treatment of the primary is commenced. But if you make the treatment of the primary early and effective, the secondary will not appear; I can give you warrant for that. The best treatment for the secondary symptoms is the mercurial, and it must be continued and continuous. In Germany, and in other places as well, the treatment of the secondary symptoms is not continued long enough. You should choose a treatment which does no harm to the constitution, and continue it for five or six months, and you will have very few cases of relapse; and, after the mercurial treatment is finished, go on for another six months with iodine. When a person comes to me, I tell him that he will have to continue under treatment for twelve months. If he will, he will; but if not, then I at once say “good-bye.” But then, you know, there are complications. The treatment I have given you is for syphilis arising in a person who is otherwise healthy, and there is then but one enemy to fight against. But in other cases you may have, in addition, scrofula, or an otherwise bad constitution. Well, then the case is not the same; for many of these constitutional disturbances are interfered with by the syphilitic treatment. In many of these cases, the syphilis is the second thing to look at, and you must begin with the constitutional disease first; you must attack the strongest enemy first, and he sometimes waits until you come to him before he opens his attack. Then you must

come on gradually with your syphilitic treatment; and that which I prefer in complicated cases is iodide of mercury, which causes little diarrhoea. One capital treatment is that of rubbing in—it is easy and effective. But there are cases in which the rubbing cannot be employed. In the next stage, I employ iodide of potassium. I use large doses of this, up to 60, 70, 80 and 100 grains a day, and even more. I have made experiments with this; and I have found that, half an hour after the dose has been given, it has passed through the urethra; and it is in reality a sort of broom to the blood. The supply must be kept up. In secondaries, a treatment partially of this iodide and of mercury has its advantages. I have had the potassium stop doing good, and I have gone back to the mercury with good results. That is what Mr. Acton has said, and I quite agree with him. When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases which may have been existing before. Well then you must stop all syphilitic treatment, and repair the deterioration of the blood by iron and bark. Mr. Acton spoke about the use of bromide of potassium; and I agree with him in its use, for it is a splendid remedy for a complication of syphilis in some cases—in syphilitic diseases of the brain and nervous system; but you cannot depend upon it as an anti-syphilitic remedy.

Now I would impress upon you that you can tell your patients that this terrible disease can be radically cured if they have the courage sufficient to go through the treatment, and their physician have the courage to go through it with them. I again thank you for the cordial reception you have given me. —*Ibid.*

Practical Medicine.

Gastric Ulcer.

BY PROF. H. ZIEMSEN, of Erlangen. Translated for the Kansas City Medical Journal.

Prominent amongst the influences which, according to the present state of our knowledge, must be held responsible for the production of gastric ulcer, are those changes in the vessels of the stomach which arrest or diminish the circulation in a certain portion of its walls, and thus expose that portion to the corroding action of the gastric juice,—to self-digestion.

Virchow, Rokitsansky, Merkel, and others, have demonstrated the fact, in the case of recent ulcers, that the channel

(lumen) of small arteries may be entirely closed through embolism, or thrombosis, or through fatty, atheromatous or amyloid degeneration of the walls of the vessels; and Pavy has furnished an experimental confirmation of this by producing gastric ulcer in the lower animals through ligature of certain arterial branches going to the stomach. It is further highly probable that other disturbances of circulation, as for instance intense inflammatory or collateral hyperæmia (such as follows extensive burns of the skin), or powerful venous stases, the result of mechanical obstructions in the course of the portal circulation, may produce serious disturbances of nutrition in a circumscribed part of the walls of the stomach, the rupture of the smaller vessels causing a hæmorrhagic infiltration of the mucous membrane. Whether the nutrition of the mucous membrane is interfered with by the diminution of its blood supply or by a hæmorrhagic infiltration, in either case the part affected is exposed to the attacks of the gastric juice or of the intensely acid products of an anomalous stomach digestion. The result is a desquamative necrosis, first of the mucous membrane, and perhaps afterwards of the other coats of the stomach. Finally, the question of whether, in exceptional cases, a simple erosion, a catarrhal ulcer or a diphtheritic infiltration may give rise to the development of an *ulcus rotundum* is not yet settled.

The loss of substance which we call a gastric ulcer, may be, then, the result of quite various pathological processes taking place in the walls of the stomach, and thus it forfeits all claim to be considered a specific affection.

As regards predisposing causes, we are struck by the fact that at least twice as many women suffer from this affection as men. Age has no such decided influence on its frequency. When occurring in the young it is likely to be at about the age of puberty, and to be associated with chlorosis and anæmia. Co-existence of gastric ulcer with tuberculosis and chronic pneumonia is quite frequent, but no relation of cause and effect between the two, can, as yet, be established. It follows from what was said above with regard to the part taken by embolism and thrombosis in the causation of ulcers, that they are often found associated with affections of the endocardium and of the inner coat of the vessels.

The exciting causes comprise all those injurious influences to which the stomach is exposed day by day, especially such as tend to produce or maintain hyperæmia or inflammatory conditions of the gastric mucous membrane, as, hard or indigestible articles of diet, fluids taken too hot or too cold, or those rich in alcohol or other irritants. The well known frequency of gastric ulcer amongst servants, and especially cooks, may

be due to this cause. Prof. Ziemssen thinks that a circumscribed hæmorrhagic infiltration may not unfrequently be of traumatic origin.

On the subject of the anatomical changes occurring in gastric ulcer, the author offers nothing new, but remarks that the first stages of its development have not been sufficiently studied. The ulcer having once formed, its extension in breadth and depth depends largely upon the digestive action of the gastric juice. This deleterious action of the gastric juice itself, or of the irritant (ätzenden) products of acid fermentation in the contents of the stomach, is rendered possible, partly by reason of the loss of epithelial covering, and partly owing to the insufficient supply of alkaline blood to the floor of the ulcer. As was first shown by Virchow, the disturbance of circulation results in an insufficient neutralization by the alkaline blood of the acids that penetrate into the tissues. The question of whether an ulcer shall spread rapidly or slowly, whether it shall become perforating or limit itself, granulate and cicatrize, depends on the condition of the vessels in the floor of the ulcer, and on the character of the fluids existing in the stomach.

Of course, during the progress of ulceration, blood vessels will be involved. Hæmorrhages, especially grave ones, are however comparatively rare, occurring in about one-third to one-fourth of the cases. This is owing to the fact that the smaller vessels so involved are usually already closed by a thrombus, and that the larger ones, owing to their anatomical position, can only be reached by a very deep ulcer.

Experience has shown that those ulcers which spread slowly, even though they may involve a large surface, are less dangerous than those which are more rapid in their course but yet produce no very severe symptoms. It is these latter that so frequently perforate the entire thickness of the stomach, especially when situated on its anterior wall. The more slowly spreading losses of substance, situated on the smaller curvature of the stomach and its immediate vicinity, are more likely to be sealed up by adhesions of the stomach to the neighboring organs, particularly the pancreas and left lobe of the liver. It is true that (even after complete healing of the ulcers) these firm adhesions of the stomach to neighboring organs most sadly interfere with its free peristaltic movements, and combined with the cicatricial contractions of the stomach wall, cause those changes in form of the organ which not only interfere with its legitimate movements, but are probably also the cause of the severe cardialgias so often found to persist after entire healing of the original lesion. It is undoubtedly possible, in course of years, for firm adhesions to become spontaneously loosened and even entirely to disap-

pear, always provided that the floor of the ulcer was formed by a part of the wall of the stomach and not by a neighboring organ.

Much worse results follow the cicatrization of large ring-shaped ulcers situated at the orifices of the stomach or on its lesser curvature. The progressive contraction of these cicatrices causes stricture of the orifices (especially of the pyloric orifice) or hour-glass constrictions of the entire organ, interfering in the highest degree with the performance of its functions. It is particularly such strictures of the pylorus, with secondary gastrectasia, that present themselves for treatment years after the complete healing of the gastric ulcers.

[To be continued.]

Discussion on the Origin of Fever.

Held before the Surgical Society of Ireland, Feb. 16th, 1872.

Mr. J. Pratt, of Markethill, Co. Armagh, read a paper, in which he aimed at controverting the opinions held as to the connection between the presence of decaying organic matter and the development of fever. From an experience of a quarter of a century as an Irish dispensary medical officer, whose practice extended over an area of two thousand square miles, he had come to the conclusion that the filth which generally surrounded the dwellings of the Irish peasantry was not incompatible with the health of the inhabitants of those dwellings; that the people were generally long lived; and that but little fever prevailed among them. Even overcrowding did not seem to be followed by hurtful consequences; for some years ago the town of Markethill was densely thronged by navvies and their families, and yet it continued very healthy. He adduced an argument against the supposed unhealthiness of manure-heaps, cesspools, etc., from the fact that both vegetable and animal life appeared to flourish in the immediate vicinity of such places; children and ducks thrived, frogs enjoyed excellent health, and grasses grew luxuriantly. MR. MACNAMARA remarked that some of the most dangerous gases were perfectly inodorous, or nearly so. The gas which was supposed to be active in the causation of enteric fever was of this description. In tidal rivers this deadly vapour was likely to be forced upwards by the rising water in the sewer into water-closets; the water in the pans of the latter soon became saturated with the gas, and it then escaped into the apartments. Perhaps the opinion advanced by Mr. Pratt might to some extent be reconciled with those prevalent at the present day, as to the predisposing causes of zymotic disease, by the reflection that possibly the abundant earthy matter deposited or lying near country manure-heaps

and cesspools might render their effluvia innocuous. Beyond doubt, the great spread of enteric fever in comparatively recent times must be attributed to the introduction of the water-closet system. MR. DARBY, of Bray, believed that almost the sole cause of the spread of the disease was overcrowding. DR. CAMERON held that sewer emanations were not *per se* capable of producing fever; to them must be added the virus of the fever-poison. That this virus existed abundantly in the sewer-contents of our country, was shown by a calculation of the quantity of fæces from patients in enteric fever annually passed into those sewers. He estimated the quantity at one million four hundred thousand pounds *per annum*. Cases were often met with which proved that the mere presence of excrementitious matter in water did not necessarily render it poisonous. In his own experience an example of this had lately occurred. In drinking-water, which was used by an entire family, organic matter to the amount of from twenty to thirty grains per gallon was found, yet typhoid fever did not break out. On the other hand, this disease might arise from the internal use of water which contained only three grains of organic matter per gallon. Dr. STOKES said that some years ago virulent fever broke out in Cork and Limerick and in the south of Ireland. Killarney was spared. The grand jury of the county Kerry directed the county surveyor to make a thorough examination of that town. The result was most unexpected. Nothing could exceed the filth of the place, and yet it escaped the fever outbreak. A recent writer, Mr. A. Wolff, had directed attention to the subject of the correlation of zymotic diseases; they might yet be proved to be even convertible. A glorious future was in store for preventive medicine, for which a wide field lay open, and which ranked higher than curative medicine. The improvements of the latter depended on the slow advance of medical science, and on the training of its teachers; that of the former depended on the education of the masses, and on a wise legislation. DR. H. KENNEDY spoke of the often observed coincidence of epizootics, epiphytics, and epidemics. Such visitations broke out under the most favorable sanitary arrangements. DR. C. F. MOORE could not regard Dr. Pratt's paper as at all conclusive in respect either to the innocuousness of manure-heaps and other nuisances, or to the absence of typhoid fever from the county districts of Ireland. No doubt the condition of the houses of the poor in town and country varied much and in many particulars. The outbreak of fever in Cork and Limerick, mentioned by Dr. Stokes, might have been largely caused by the overcrowding of lodgings in those cities by intending emigrants. MR. RICHARDSON mentioned particulars respecting a very isolated and fatal local

outbreak of enteric fever, which occurred at Kingston some time since. The drinking-water of the afflicted family was examined by Dr. Cameron, who found it highly impregnated with organic matter. The REV. DR. HAUGHTON referred to an outbreak of enteric fever in Trinity College three years ago. It was first suggested, and afterwards determined, that, owing to the prevalence a short time before of high tides in the river Liffy, sewage-polluted water had percolated into the well of the college pump. DR. MAPOTHER said a remedy for the escape of sewer-gas from water-closets was the erection of a ventilating pipe, which should communicate with the soil-funnel closet. DR. F. KIRKPATRICK mentioned instances of local outbreaks of typhoid from the internal use of poisoned water. The deep drainage system of water-closets he looked upon as a great mistake. In the North Dublin Union Workhouse, typhoid fever was unknown. This he attributed to the isolated character of the drainage system of that institution, and to the absence of any communication with the drains of the city. Dr. Stokes alluded to the magnificent results obtained from sanitary improvements in Calcutta. Mr. Pratt having replied, the meeting adjourned.—*British Med. Journal.*

Health-Resorts at the South.

Read before the Massachusetts Medical Society, at its Annual Meeting, June, 5th, 1872, by WM. W. MORLAND, M. D. HARV.

The constantly increasing travel of invalids to southern latitudes, every year more and more arrests our attention, and it need hardly be said, in this presence, that this crusade after health is too frequently begun at the wrong time, imperfectly carried out when rightly begun, and, in very many instances, brought to a premature termination. Whether an invalid—and especially a pulmonary invalid—should go from home at all, should be left implicitly to his physician to determine, who, in addition to careful reflections upon the nature and stage of the malady, will do wisely to inform himself as to the "surroundings" awaiting his patient in the proposed place of his temporary sojourn, and also to assure himself of his ability to command comforts and attention when among strangers. It is worse than useless for those who have not means sufficient to be well cared for, to leave their homes—the invalid cannot "rough it."

Not every place where people get well from time to time, deserves the name of health-resort. No more—indeed, very often—than the earth-bath about which we were told, not long since, wherein somewhere "out West," six victims of scurvy were buried, "up to their necks," and left over night. The

account goes on to state that the trial as to the curative properties of the earth, in this instance, was unsatisfactory—as a pack of “*coyotes*” came along, in the night, and “*ate the six heads off*”! Unfortunately, there are marauders more stealthy and seductive than these wild prairie wolves. The well-known fact of the wide prevalence of ailments coming under the designation “nervous” or “general” debility, noticeable so frequently in young ladies, and distinctly traceable to the immense and exhausting labor of following the gay goddess Fashion, during “the season,” at our various watering places and elsewhere—especially just after a hard winter-campaign in the city—furnishes only too ample proof of the assertion. So, too, the fascination of money-making, and the excitements of business-life which are constantly luring or driving men, in our day, into that overwork and utter neglect of recreation which finally breaks down the strongest, should elicit from our profession the most earnest warnings before it is too late—before what a patient lately described as “fatigue in the head,” becomes softening of the brain, insanity, or hopeless imbecility.

But what we have mainly in view has more reference to the resorts for pulmonary and throat complaints, than to the gout-and-rheumatism-curing waters of Sharon, the famed Springs of Saratoga, or the “Geysers” of California—the latest wonder of that wonderful land—whose “stream,” arising from the sieve-like crust of the earth, envelopes the astonished traveller as with a mantle of mist, and whose healing qualities are believed to be marvellous.

Florida attracts crowds of invalids and tourists to its delicious climate and tropical scenery. Hitherto, the chief drawback to the enjoyment of these has been the insufficient and very inferior accommodations, and the wretched food—poor in quality and infamously cooked. A great improvement, indeed, has taken place within the past two or three years, and will doubtless be progressive. Returned travellers, however, this spring, complain not a little of discomforts in the way of crowded conveyances and hotels; and it would appear that suitable food and a knowledge of its proper preparation—especially for valetudinarians—are to be found in only two or three localities. Yet the influx of travellers, and especially the prolonged residence of those escaping from Northern winters and even more dangerous springs, must lead to the increase of good accommodations and of the means and appliances which, while only luxuries to the healthy traveller, are necessities to delicate, susceptible invalids, who cannot live upon climate alone. However balmy the air that steals across St. John’s River, or, more bracing and fresh, tosses the feathery palm leaves at St. Augustine, the stomach must be catered for, as well as the lungs, and

leathery beefsteaks, swimming in the grease in which they have been fried—to *fry* steaks and chops ought to be made a capital offence by statute—and yet, as is well known, the felonious act is committed in New England as well as farther south—heavy, sour, saleratus-sprinkled bread, rancid butter, *et id omne genus*, are not wholesome adjuncts to the superlative qualities of the climate. A patient who has frequently been in Florida, said, recently, that while the *air* was absolutely medicine to the throat and lungs, and nowhere else could the breath be drawn with such a sensation of comfort and freedom as along the St. John's—and especially at or near Jacksonville—digestion was often seriously disturbed by certain of the causes mentioned. Your strong and healthy tourist, who trudges about Florida, shooting alligators, fishing, rowing, etc., and able to brave heat, fatigue, dirt, doughnuts, pork, and other queer and trying things, cannot appreciate the invalid's annoyances and dangers.

The St. James Hotel, at Jacksonville, is the best in the place, and its table was well provided last year. In the height of the season, invalids will lack suitable attendance unless they take a servant with them. From Magnolia we have the most favorable reports, describing it as furnishing “a genuine Northern home in that sunny, Southern land.” This season, our city and its vicinity have been largely represented at Magnolia, and so much satisfaction have the locality and the provision for the accommodation of guests given, that many propose building cottages there for winter homes. The Magnolia establishment commands the accomplished services of Dr. Rogers, formerly at Jacksonville; he is a New England gentleman, long and favorably known in this community.

Hotel accommodation is now pronounced excellent at Palatka. At St. Augustine, the finely-situated hotel at the pier-head was not satisfactory as to its *cuisine* during a short stay we made there in 1870; and we notice similar judgment is passed upon it and the other hotel this year. As they have been liberally patronized, even greatly “crowded,” the past season, more successful exertion in the catering department might, not unreasonably, have been looked for. There are two or three very good boarding-houses in the town, where, to our personal knowledge, both good material and excellent cooking are to be had.

The fare on the river boats is not generally good. On many of them it is atrocious, and there is great necessity for improvement, before it can be pronounced even safe for invalids to be much upon them. Neither can we compliment very highly the tables of the fine sea-going steamers from New York to the Southern ports. It is true that large numbers of passen-

gers, on account of sea-sickness, in addition to their other troubles, are somewhat indifferent to food and cookery—but many others are not, and a reform in these respects is certainly needed.

A few words may here appropriately be said in reference to modes of transit from the North to the South. So far as sick and feeble persons are concerned, there can be no doubt that the steamship voyage from New York to Savannah or Charleston, is by far the preferable mode. From Savannah, a day's or a night's ride, by rail, brings one to Jacksonville, whence conveyance, by boat, to various points is easy. The entire journey by rail is painful, dangerous and exhausting to invalids. To say nothing of its length, the often unavoidable exposure, by change of cars at unconscionable hours—the poor accommodations, if stops are made, etc., more than counterbalance the annoyances and discomforts of a three days' sea-voyage—admitting those to be enough for average mortals.

What class of invalids should go to Florida? Consumptives, undoubtedly—with due discrimination of cases—not those whose days are numbered. Then, many with bronchial affections. More especially are the cases of comparatively dry, irritative cough, and uncomfortable throats, benefitted by the soft air along the St. John's river. Many go to St. Augustine, but as our experience compels us to say, with far less advantage—sometimes with positive harm. The immediate proximity of the sea is the difficulty. However delightful it may be to feel the crisp, fresh breeze coming in from the sparkling, sunlit ocean, over which one gazes with such delight, from the shores down to whose margin the quaint old town has crept, and lazily dreams away its tropical existence—there is danger. We have observed marked aggravation of symptoms in bronchitic patients who had come from Jacksonville, or farther, to St. Augustine. A few days, only, sufficed to show the necessity for immediate return—a favorable result justifying the action. There are many other affections, however, which the more bracing air of St. Augustine would suit far better than the mild, relaxing climate of the interior of Florida. Persons suffering from that nervous or general debility previously alluded to—loss of tone and vigor—or from the so-called “breaking down” from over-work; and doubtless from a variety of other ailments—would do well by sojourning for a time in this oldest town of the States—sauntering among orange-groves, or through gardens fragrant with full-blown roses in March—floating out upon the bright waters, to the signal disturbance of the shoals of pelicans and other sea-fowl which so picturesquely fill the coves and inlets. The climatic change and contrast obtainable in so few days run from the North, is very

striking, and seems like magic. Leaving snow-drifts and bitter, howling winds in Boston, the last of February or first of March, Jacksonville is easily reached in about four days from New York—and you are, as it were, in our mid-summer, breathing a soft, delicious air and surrounded by a wealth of bloom.

Florida is liable to sudden and marked changes of temperature in winter, and sometimes during March. Invalids should be forewarned of this; and the fact constitutes a strong objection to visiting the country too early in the cold season. Some writers have lauded the western or Gulf side of the State as favorable for the establishment of *sanitaria*. Disturnell, in his work on the "Influence of Climate in North and South America"—quoting apparently from Dr. Perrine—cites Key West, and Miami, on Key Biscayne Bay, as "most desirable points for establishing such facilities." Key West is so far to the south that the "Northerners," so powerfully felt high up on the Gulf Coast, are doubtless much modified before reaching it—although we have known them sufficiently decided in the city of Havana. When we reach a point so far to the north on the Gulf Coast as Pensacola, therefore we are not surprised at the following opinion adverse to the establishment of *sanitaria* there, or in the immediate neighborhood, from J. Winthrop Taylor, M. D., U. S. N., for many years stationed at Pensacola. "There," he writes, "during the winters, cold northerly winds prevail, accompanied with heavy rains. These, in my opinion, are insuperable objections against establishing *sanitaria* in that locality."

Dr. George Hayward, of this city, during a short visit to the South, some years ago, was much struck by the advantages offered as a winter residence for invalids, so far as climate was concerned, by a place in the southeastern part of Alabama. At our request, he has furnished the following short account of its features:

"It is about twenty miles from Pensacola, Florida, situated on the Perdido River, which divides Florida from Alabama. The soil is dry and marly, well suited to raising vegetables, but not strong enough to grow cotton. Pine trees abounded, and the winds from the Gulf of Mexico, distant a mile or two, came through them loaded with a balsamic fragrance that made it a pleasure to breathe. The drives in the neighborhood were pleasant, wild game abundant, and, from what I could learn from those residing there, the changes in temperature were much less severe than on the Atlantic coast, the weather being for the most part, like our finest October weather, excepting that once

2. "A fierce, chilly wind, peculiar to the Gulf of Mexico." (Disturnell *loc. cit.*) It visits Texas and is well known even farther to the south, prevailing at about weekly intervals, from November to March.

during the winter, ice formed as thick as window-glass, which was considered very remarkable.

"The climate of this region on the Perdido River was regarded, during the Spanish occupation of Florida, as very favorable to diseases of the lungs; and, as it is very accessible, by water, from Mobile, it may yet be selected as the site of one of the *sanitaria* which will doubtless some time be established in this portion of the South."

On account of the extreme and sudden changes of temperature thus occurring, many persons now remain, by choice, at the North through most of February, and with more benefit, also, than they ever experienced in Florida, up to that time—but, when the season of melting snow and raw East winds sets in, they escape to the South, without delay.

Savannah, Ga., is a very pretty city, and charming to the voyager from the chilly North, as he comes up from his vessel into its balmy atmosphere, and looks out from the windows of his hotel upon the "Square," so pleasantly dressed in the fresh green of Spring; or drives through its shaded and unpaved streets, along which, with their characteristic "lope," the fine Southern horses so noiselessly bear their skilful riders; or wanders through the cathedral-like aisles of Bonaventure Cemetery, where the long gray mosses droop from the trees, and sway, rustling and sighing in the wind, like banners hung above the dead.

A pulmonary invalid is not likely to linger long in Savannah; at least such is the opinion we have formed from observation and inquiry. There is a great deal of humidity in the air, the situation of the town is mainly flat, and its surroundings, with some exceptions, uninteresting. Yet there are, doubtless, certain cases which would do well there—and many Southern localities can only be fairly tested by a personal trial of their climate.

Aiken, S. C., long known as possessing a favorable climate for many pulmonary ailments, is most easily reached by rail from Charleston. *Easily* is here a relative term, however—for, as on most of the Southern railways, the rate of progression is snail-like, and the extremely frequent pauses *seem* unnecessary. The roads are, generally speaking, in very good condition—the traces of war-disturbance having been mostly done away—but a little more energy and foresight in their management are certainly demanded. When the transportation of invalids is in question, the matter sometimes becomes very serious. The distance from Charleston to Aiken is about one hundred and twenty miles; our last trip over the road was by night-train, starting at seven o'clock. The run—or rather the creep—was made in about twelve hours, an average of about

ten miles to the hour! The usual average on Southern railways is, perhaps, some five miles better—on some, however, not more than twelve or thirteen miles an hour. How we did stop, and sit still, on that night-ride! Now, to take in water—after just having left a station, where, seemingly, it might as well have been supplied; then, for the conductor to leave some parcels at a “way-side inn,” or something resembling one—and to have a little chat, sociably, with the occupants; then, apparently, with no purpose whatever, unless to use up time—out in the moonlit pine woods, with occasionally a “light-wood” fire burning near the track, and a darkey or two sidling about! Very picturesque, doubtless, but how about the worn-out sick man or woman, watching the hours, and longing for the journey’s end?

The village of Aiken is hardly prepossessing, and straggles about a good deal over its flat, sandy plain, with here and there—especially in its outskirts—some neat homesteads, showing careful hands beginning to make improvements. Most of what may be termed *spruce* about it, however, must be referred to the neighboring woods. Hotel-accommodation is good, and private board and lodging, of fair quality, may be obtained. There are two hotels—the Aiken Hotel in the centre of the town, and the Highland Park Hotel. The latter is new, and is finely situated, at one end of the main street, commanding a wide and pleasing view over a densely wooded valley, beyond which some well-shaped hills break the monotony of the desolate “pine-barrens.”

In this connection, it gives us pleasure to refer to the establishment of Dr. W. H. Geddings—“The Pines.” Dr. Geddings is a son of the late Dr. Geddings, of Charleston, S. C., and is well known at the North as a thoroughly educated and most competent practitioner. He refers, in his printed circular, to some of the best physicians of Boston, New York, Philadelphia, Baltimore and Richmond.

In all frequented *sanitaria*, it is a trying sight—even for the healthy, passing traveller—to witness such a collection of sufferers in various stages of disease—in fact, it is one of the great drawbacks of health-resorts at the South. Yet it is wonderful how soon one becomes accustomed to the inevitable presentation of the ills to which “flesh is heir”—so that grim jokes, even, fly about at the expense of the invalid corps, such as the *quasi* word of command, “time for the consumptives to take exercise,” or, “hour for the march of the skeleton brigade”! and these somewhat forced gaieties not infrequently come from members of the “folorn hope.”

In this genuine pine-barren district the atmosphere is very dry and pure, and, like that of nearly all the surrounding

country, admirably suited to many cases of serious lung disease. A sufficiently careful discrimination of the kinds of cases, is, however, hardly ever made; and it is to be hoped that some one of the excellent resident physicians of the region will set forth from the teachings of their large experience some hints for guidance in this direction. And we cannot too strongly insist upon the wisdom and importance, for the benefit and comfort of invalids about going South, of a prior correspondence between their medical advisers at home and those about to have the care of them, as to the advisability of their going, and the fitness, or otherwise, of any particular climate or locality in their cases. Too often, persons with pulmonary trouble rush southward without any proper advice, in a purposeless way, nearly certain to end in disappointment and aggravation of their illness.

Our own impression in regard to the climate of Aiken and its vicinity is that many consumptive cases, where cough is accompanied by profuse expectoration, would be benefitted by the dry, somewhat bracing air. The contrary would be likely to prove true of cases of irritative bronchitis, with dry cough, or with but little cough, and only slight secretion from the bronchial mucous membrane. Rather injurious effects of the climate in these cases, came under our observation—the throat became dryer and more irritable, and the transpiration from the skin nearly suppressed; whereas, in Florida, with but little, if any, difference of temperature, perspiration was very free—and the softer, more humid atmosphere soothed the irritated lining of the air-passages.

Since the above was written, a valuable article by Manning Simons, M. D., of Charleston, S. C., and published in the *American Journal of the Medical Sciences* for January, 1872, has attracted our attention. It is entitled "Climate in its Relations to the Production, Progress, Amelioration and Cure of Consumption," and will repay the careful perusal of all interested in so important a topic. It is with much satisfaction we find our impressions of the various southern climates confirmed by so accomplished an observer as Dr. Simons, whose evidence derives great additional force from the fact of his familiarity with their merits and demerits by residence. Speaking of advanced cases of consumption, he remarks as follows: "As to the application of climate to the already developed disease advanced to its later stages, when cavities have formed, or extensive consolidation exists, we may throw our information into the general statement that a locality possessing a warm, dry, moderately stimulating atmosphere, free from excessive variations, is, to the largest number of cases of this character, most suitable." And, subsequently, in this connection, he

says: "In Aiken, S. C., is found a locality possessed of a climate characterized by dryness, moderate range of temperature, comparatively free from extremes of variation, a mean temperature of 61-69°, a tonic property of atmosphere, and a position one hundred and twenty miles from the sea, with an elevation of six hundred feet above the sea-level—properties rendering it eminently suitable to this class of cases." A degree of parallelism between the climate of Aiken and the so highly lauded climates of the South of France is alluded to by Dr. Simons in the article referred to; and "the great advantage the invalid derives from being able to spend so much time, day after day, in the open air, in consequence of the equable temperature, clear sunshine, and dryness of the air.

Another point of great importance, and to which we have already referred particularly, when writing of St. Augustine, is the effect of a *sea-coast* air on those suffering from pulmonary disease. Here, again, we are glad to find that our conclusions, independently made, are most decidedly ratified by the observations and experience of Dr. Simons—who also cites many high authorities to the same effect. We quote, again, from the paper mentioned: "That the pure air of the open sea acts in a very favorable manner we have excellent authority, but it is not so clear that the air on sea-shores is, as a rule, sanitary in its effect." We think it is very "clear" that, in most instances, in the class of affections alluded to, it is very far from "sanitary," often, indeed, injurious, or even perilous. Very strong opinions on this vital matter are enunciated by Dr. Simons—thus: "Experience has amply proved that a mixture of land and sea air, such as exists on all our maritime stations, is unfavorable to delicate lungs, and especially where there is phthisis, or even a disposition to it." He cites several writers, and refers also to certain apparently opposing facts to the above conclusions—the remark, for instance, of Walshe, that while "islands and coast-districts are said to be favorable to the development of phthisis, yet observe that the natives of the Azores, Madeira, Iceland, the Faroe Islands, Marstrand and on the coast of Sweden, spots climatically various as their sites, suffer very slightly from the disease;" and, adds Dr. S., "according to Dr. J. E. Morgan, the disease is rare on the northwest coast of Scotland." *Per contra*, "Fuller states that along the shores of the Mediterranean, in Malta and Madeira, to which localities consumptive individuals are commonly consigned, the ratio of mortality among the natives, from phthisis, equals, and even exceeds, that which obtains in England." [Simons, *loc. cit.*]

Notwithstanding, therefore, a certain amount of conflicting testimony, we believe the preponderance of evidence to be in

favor of inland, high-lying districts, over sea-coast localities, even in warm climates, not only for serious pulmonary difficulties, but also for what are deemed comparatively slighter ailments—an opinion decidedly expressed, in nearly the same terms, by the writer to whom we have so freely referred. The opinion is, of course, not new; and it is especially fitting, in such connection, to mention the late researches of a distinguished Fellow of this Society,¹ affording convincing proof of the preference of phthisis for low-lying lands and wet soil. The main point, however, is the choice to be made, by invalids at the South, between seaside and inland, with the same, or nearly the same, temperature.

Our own observations of the climate and peculiarities of the region around Aiken were mostly made at and in the neighborhood of "Montmorenci Park"—formerly known as Montmorenci Springs—about four miles from Aiken, and a most admirable site for a *sanitarium*. From Montmorenci House, one looks down upon a valley suited to almost any crop, devoted, in part, along its farther slopes, to vineyards, and begirt with the almost ubiquitous pine woods. The grape cultivated is mostly the "Scuppernong," from which a very good wine and passable brandy are made. The soil is of reddish clay and sand. In the centre of the valley, corn and sweet potatoes are grown. As we gazed over this fair expanse in March—our so rude and boisterous month at home—the thermometer registered 78° (*Fahrenheit*) at about 9 o'clock, A. M., in the shaded piazza. This was rather higher than the ordinary range for the time of year and hour of the day—and higher than we subsequently noted it, but not by many degrees. Flowering shrubs were in bloom, and everything imaged the lovely June days of New England. In the pine woods, the beautiful wild *fleur-de-lis* was pushing its bright petals, here and there, through the thickly-strewn pine leaves, and the jessamine swung its light bells, in profusion, all around.

The extreme evenness of the range of temperature will be remarked, and also the continued pleasant weather and uniform dryness of the air. In a recent letter, Dr. Jewett says—"The time for invalids to be benefitted is from the middle of January to June—and, in some seasons, July. From November to the middle of January, the weather is very variable and sometimes very cold. The cases most benefitted are those of pulmonary hæmorrhage—not too far advanced—and bronchial cases of the humid type. Cases of tuberculous disease are no better off here than in any other warm climate. Those who have suffered from protracted fever and ague are always benefitted by a residence here." So far as regards the pulmonary

1. Henry I Bowditch, M. D.

cases, we had reached the same conclusion—as noted in another part of this paper.

In reviewing this somewhat desultory sketch, it may safely be said that while a perfect and most unexceptionable health-resort can hardly be found within the region which has most occupied our attention, certain portions of Florida, on the whole, give us the nearest approach to such a locality. Of late, among the sanitary island-resorts, Nassau, New Providence—Latitude, $25^{\circ}5' N.$, Longitude, $77^{\circ}20'$ —has been a favorite. Personally, we have no experience of its merits, but, from frequent conversations with those who have, we conclude that it has a warm, delightful, but still rather a humid climate, which, therefore—as might be expected—while it answers admirably the requirements of certain cases, has been decidedly adverse, or at least neutral, in its effects upon others.—*Boston Med. & Surg. Journal.*

Lecture on the Treatment of "Persistent" Inflammation by means of the Oleates of Mercury and Morphia.

By JOHN MARSHALL, F. R. S., Professor of Surgery in University College, London.

GENTLEMEN,—I wish to speak to you to-day about certain new combinations of two very old remedies which have been much used in surgery—combinations presenting many advantages over the forms of those remedies ordinarily in use, and possessing a value of which I have now had ample experience, having frequently tested their efficacy during the last three years. They consist essentially of solutions of oxide of mercury in oleic acid—being, in reality, the oleate of mercury dissolved in oleic acid; but to these solutions is added a certain quantity of morphia, which, in its uncombined state, is readily soluble in, and doubtless unites with, the oleic acid. I have employed these mixed oleates of mercury and morphia chiefly in the treatment of what I would term prolonged or "persistent" inflammation, which is at once obstinate and difficult to control.

Inflammation, as you know, is a local disease, involving the occurrence of certain changes in the part affected. It is characterized by a state of irritation or morbid excitement of the sensory nerves, by a diminished functional activity of the vaso motor nerves and of the walls of the bloodvessels, by the super-vention of exudation and the emigration of white blood-corpuscles, and sometimes by the formation of new organized products, derived by processes of evolution from the preëxisting anatomical elements. When these several conditions occur in a healthy person, when their causes are transitory, and the surrounding circumstances favorable, the nervous irritation and vascular disturbance subside, the products of exudation, emi-

gration, and new formation are absorbed, and the local disease is straightway cured.

But, not unfrequently, owing to various causes, the conditions of inflammation, whether they extend or remain limited in area, become prolonged or "persistent" in a given locality. I prefer the term "persistent," to distinguish this state, to either of the more specialised terms "subacute" or "chronic;" for such state may be, and often is, more acute than subacute in its type, and it may, and often does, cause more constitutional disturbance, though less consequential degeneration of the tissues involved, than is produced by a truly chronic inflammation.

This prolongation or "persistence" of local inflammation may be due to various causes, local or general. Thus the parts affected may not be kept sufficiently at rest, as when a joint is exercised too soon after injury or inflammation. Or the interruption to the cure may be due to the continued performance of some natural function—as, for example, in the case of the tonsils, the glottis, certain orifices of the body, the mammary gland, or uterus—the condition induced, in such cases, being not so much chronic as "persistent" and severe. So, also, if the general health be disordered—if a gouty, rheumatic, or syphilitic, an anæmic or plethoric condition should exist—a local inflammation may not disappear, but may be prolonged, or become "persistent." Again, supposing this condition to be once established, the products of the inflammatory process, either by their presence or as a consequence of the chemical changes which they themselves undergo, may excite or exhaust the functional activity of the neighboring nerves, bloodvessels, and other tissues, and may thus induce further irritation, leading, if not to the extension, at least to the prolongation of the inflammatory process. Inflammation of this obstinate type may, of course, terminate in obstinate suppuration, ulceration, or gangrene; or it may, by some interference with the nutrition of the affected tissues, impair or destroy the elasticity or strength of parts which serve mechanical uses in the body, or deeply influence their special vital functions.

Now, in the treatment of all inflammation, three chief ends must be kept in view—namely, the relief of the local nervous irritation, the stimulation of the vaso-motor nerves and the bloodvessels, and the promotion of the absorption of the inflammatory educts and products. The mode by which this absorptive process is actually accomplished is so far normal that these inflammatory products and educts undergo a series of changes, namely, softening, degeneration, and solution—quite similar to those through which certain healthy tissues pass when they are no longer needed in the economy; as, for instance, the tissues

of the uterus and mammary gland after parturition and lactation are completed. In the quasi normal as in the normal process, the veins and lymphatics are the agents of absorption. Finally, when the morbid constituents or products are removed, the nervous irritation and the vascular disturbance are allayed, and the part regains its ordinary or healthy condition. In many cases, time, rest from mechanical use or functional activity, and freedom from disturbing influences, are sufficient to ensure this natural process of recovery. In a certain number of instances it will happen that a purgative, a diaphoretic, a stimulant, a tonic, or a sedative, will indirectly promote absorption; and thus salines, alcohol, quinine, iron, and morphia may really act as absorbent remedies, and so especially will food and pure air.

But in the management of the prolonged or persistent inflammation referred to, further local measures are often indispensable; and, for the purposes of practical illustration, let us suppose we have to deal with persistent inflammation of a *joint*. Here, as of primary importance in the local treatment, must be mentioned immobility and rest, as secured by means of proper splints or other apparatus, accompanied by the use of a sling for the upper limb, and by the maintenance of the recumbent posture for the lower limb. Next may be considered the application of uniform and judicious pressure, by means of cotton-wool confined by suitable bandages. Heat and cold have also their peculiar advantages in particular cases. Lastly, certain medicated applications have frequently to be resorted to. Whether these are employed in the form of lotions, fomentations, liniments, ointments, or plasters, they usually contain one or more of the following substances as their active ingredients—viz: alcohol, ammonia, camphor, turpentine, cantharides, iodine, or mercury, with or without chloroform, opium, morphia, or belladonna. Each of these most efficacious remedies is, no doubt, adapted to particular stages of persistent articular inflammation; but every surgeon meets with numerous instances of such inflamed joints which, in spite of care and good treatment, continue obstinately uncured for weeks or months. With some, blisters, and with others, iodine, is the favorite remedy in such cases. Scott's ointment and the mercurial liniment are likewise often employed with great advantage, in both of which applications mercury is the most active ingredient. But mercurial ointment, the basis of these preparations, is merely a mechanical mixture of minute globules of mercury, or of solid particles of the black oxide, with some unctuous substance; and I have long thought that, if we could employ a *solution of mercury in some oleaginous or unctuous medium*, we should obtain more immediate, rapid, and satisfactory

results from the well-known therapeutical powers of this ancient remedy. The other mercurial ointments now in use, made with the nitric oxide, the subchloride, the ammonio-chloride, or the red iodide, are also essentially mechanical mixtures, and all, as well as the nitrate ointment, are too irritating to be used as topical absorbents. In seeking for my object I first dissolved some of the perchloride of mercury in a small quantity of ether, and added to it about four times the amount of oleic acid; but I found that this combination freely used on the skin produced much irritation, unless it was employed in too dilute a form to be of service as an absorbent.

In Gmelin's chemistry there is a short account of certain metallic oleates formed by double decomposition; but with this as a guide, I failed to obtain any satisfactory oleate of mercury. My friend, Mr. Frank Clowes, to whom I then referred the chemical question, soon discovered that, although the ordinary sublimed scales of red oxide of mercury were with difficulty dissolved in oleic acid, the oxide, precipitated by caustic potash or soda from a solution of the metal in nitric acid (which is a yellow impalpable powder) is, when recently made and well dried, readily soluble in oleic acid, especially when aided by a temperature of about 300° Fahr. At my request Messrs. Hopkin and Williams have since studied the subject pharmaceutically, and have succeeded in preparing oleate of mercury, and certain solutions of that salt in oleic acid. The strength of the preparations made by them is indicated by the percentage of the oxide of mercury which they contain. The 5 per cent. solution is a perfectly clear pale-yellow liquid, resembling olive oil, but thinner; the 10 per cent. solution is also fluid and perfectly clear, but as dark as linseed oil; whilst the 20 per cent. preparation is an opaque yellowish unctuous substance, closely resembling in appearance resin ointment, melting very readily at the temperature of the body, and forming a kind of transparent, viscid, colorless varnish when applied to the skin. The chief care to be observed in the manufacture of these solutions is not to hurry the process, and not to employ a high temperature, or the mercury will be immediately reduced.

Unlike the mercurial ointment so long in vogue, which is a crude, gross, unscientific mixture, very dirty and very wasteful, because so small a proportion of its mechanically admixed mercury is but slowly absorbed, these solutions of oleate of mercury are cleanly and economical in use; and as the diffusibility or penetrating power of oleic acid is much greater than that of ordinary oils or fats, and as each one-thousandth part of even a minim of these new preparations contains its proper modicum of mercury, they are absorbed by the skin with remarkable facility and manifest their remedial effects with great

promptitude. They should not be rubbed in like ordinary liniments or embrocations, but should be *merely applied with a brush, or be spread lightly over the part with one finger*; otherwise they may cause cutaneous irritation, or even produce a few pustules on the skin, especially in certain persons. This result may, however, be obviated by the addition of a small quantity of olive oil, or purified lard, according as an oleaginous or an unctuous preparation is required. Any of these forms may be scented by the addition of essential oils.

In employing these mercurial solutions for combatting persistent inflammation of joints, I soon found that the addition of morphia was of very great advantage. For this purpose the simple alkaloid must be used, as neither the hydrochlorate, the acetate, nor the meconate is soluble in oleic acid. For every drachm of the solution of oleate of mercury in oleic acid one grain of morphia may be added. Being, as well as the mercury, completely dissolved, it quite as rapidly penetrates the skin, comes quickly into contact with the extremities of the nerves, and thus, even within a few minutes, acts upon them at their most sensitive points, and speedily produces a soothing effect.

The oleates of mercury and morphia, thus united in one preparation, represent, as it were, a liniment, ointment, or plaster of mercury and opium; but they are far more elegant, economical and efficacious. As a rule, according to the size of the part affected, from ten to thirty drops are sufficient for one application. This should be repeated twice daily for four or five days, then at night only for four or five other days, and afterwards every other day, until a cure is obtained. The morphia immediately begins to relieve pain, allays the nervous irritation and consequent vascular turgescence, and thus arrests the progress or "persistence" of the inflammatory process; whilst the mercury probably promotes the death and degeneration of the morbid products, and so facilitates their removal by absorption. Unless used in excessive quantity, the oleate of mercury does not salivate, or produce any marked constitutional disorder.

As some of you will remember, I recently tested, in the hospital, the value of these combined oleates in the treatment of a case of "persistent" inflammation of the knee-joint. This affection, I need hardly say, is often difficult to cure, on account of the large size of the articulating surfaces, ligaments, and synovial capsule, and also on account of the great weight supported at the joint, and the frequent disturbance of the parts in the unavoidable movements of the limb and body. Frequently, indeed, this disease leads to irreparable injury to the knee. In the case in question, occurring in a man aged forty-four, the disease had already lasted upward of eighteen months. From

effusion into and about the joint, the knee was greatly swollen and disfigured; there was not only synovitis, but, in addition, inflammation and thickening of the fibrous capsule and the ligaments of the joint. He complained of great and constant pain, of a creaking feeling or noise when the knee was moved, and of occasional starting pains at night, probably indicative of threatened or actual softening of cartilage. The skin over the knee was œdematous, and deeply stained with iodine, the remedy which had chiefly been relied upon before his admission under my care. After this stain had been removed, from twenty to thirty drops of the solution of oleate of mercury and morphia (5 per cent. of the former with one grain of the latter to the drachm) were applied to the knee night and morning for about ten days, and then at longer intervals. A piece of linen was kept around the joint; over this was put a smooth, thick layer of cotton-wool, and then the limb was rather firmly bandaged from the foot to just above the knee. During this treatment, the patient, who was of course confined to his bed, rapidly improved in all respects; and at the expiration of four weeks he left the hospital, able to walk by the aid of lateral leather splints, and very far advanced towards a cure. From the first day of their application the effect of the remedies was decided and prompt. I could adduce many other examples equally satisfactory. I select the two following:—

1. A gentleman, aged thirty-one, suffered, about eighteen years ago, for some weeks from an attack of fever, followed by consecutive abscesses in the left hip-joint, which led to stiffness, shortening, and wasting of the corresponding limb. On his recovery, the right leg was necessarily subject to over-use, which, together with occasional blows received at foot-ball and otherwise, brought about repeated attacks of capsule-synovitis in the right knee. These at length resulted in chronic thickening of the joint. During the last three or four years, owing chiefly, it is said, to the increasing weight of the body, renewed attacks of inflammation more or less acute led to a state of "persistent" inflammatory disease of the joint, which became much enlarged, deformed, somewhat flexed, and almost immovable. There was pain on the slightest motion, especially on twisting the leg, and such extreme tenderness that the patient shrank from even an attempt at examination of the knee. There was scarcely any power in the limb; and there were nocturnal startings on falling asleep. Finally, the joint at one part seemed on the point of suppurating, as indicated by increased local heat, redness, and œdema, and by the occurrence of slight shiverings. In consultation with Dr. Sheldon, I ordered absolute rest in bed, the use of two long well-fitted leather splints, and the employment of the combined oleates of

mercury and morphia, as above indicated. The first application afforded manifest relief to the local pain. This and the exaggerated tenderness soon subsided, absorption was established, and the size of the joint became so reduced that the splints speedily required renewal; and in four weeks there was complete freedom from pain in and about the knee, and the patient was soon able to walk on crutches with comparative ease. Thus in a month, a joint, already very seriously implicated and threatened with suppuration, was practically saved. I can confidently say that I know of no other treatment which would have afforded such satisfactory and speedy relief. I doubt whether Scott's plan would have succeeded in controlling the disease present in this knee; certainly it would not have done so with such promptitude. * * * * *

I will now advert as briefly as possible to the use of these same preparations of mercury and morphia in the local treatment of "persistent" inflammation affecting other parts or organs of the body. Indeed, their applicability and utility appear to me to be almost co-extensive with the occurrence of such inflammations themselves, provided only that the seat of the disease be in, or sufficiently near to, the skin.

I may first mention that not only in persistent inflammation, but also in simple synovitis, these remedies rapidly relieve the tenderness and pain, and promote the absorption of the fluid effused into a joint. They are also of decided benefit in the rheumatic, the arthritic, and the mixed forms of joint disease; but in these they do not, of course, supercede the necessity for general treatment. In inflammation of the mammary gland occurring during or after lactation, or altogether independently of that secreting process, their efficacy is unequivocal; for I have seen, not only the induration left after previous abscesses speedily disappear under their use, but a tendency to recurrent suppuration in the site of old abscesses, and the threatened formation of new ones, entirely controlled and arrested.—*The Lancet*.

Hospital Miasm.

BY EVORY KENNEDY, M. D.

An Address delivered at the opening of the Section of Midwifery, at the Annual meeting of the British Medical Association, in Birmingham, August, 1872.

* * * * *

I can conceive what I term lying-in hospital gangrene to occur out of hospital; yet, after a protracted and sufficiently extensive opportunity in my own practice and in consultation, I cannot tax my memory with ever having met with a case of it out of hospital. Would that I could make the same statement of my experience in hospital! It occurs in isolated cases,

but more frequently prevails in groups of cases, when a tendency to its congeners—puerperal fever, erysipelas, arthritis, and peritonitis—also prevails. It is usually the effect of long continued pressure or lesion, or of the force used by the application of instruments in forced deliveries. Indeed, so constantly is the disease observed to occur as the result of these agencies, that they may be fairly looked upon as the exciting or determining cause, and the disease classed as a traumatic affection, and treated accordingly. This is so well understood by the observant hospital physician, that he looks with dread to the occurrence of any lesion when the hospital is in an unhealthy state; and, for the same reason, hesitates to perform the simplest operations, lest they be followed by this affection—operations that, in a healthy state of the hospital, would not cost him a thought.

I hold that the congregation of a number of patients in common chambers generates what we term a hospital atmosphere; that this hospital atmosphere is, or more properly becomes, a poison; that, by a persistence in the causes of its production (with which we shall presently deal), it undergoes a process of what may be termed cumulation, pervading every part of an enclosed building, until it eventually arrives at a stage which we may term saturation, when the whole hospital is charged with a poison which is capable of seizing upon those who are susceptible to its influence, or who are in what we term a state of receptivity.

Now, from this it will be seen that, by crowding patients in a hospital, we are actually exposing them to a new disease generated by the very means we adopt to cure them of the disease under which they chance to labor. But, unfortunately, the new disease is generally one most fatal in its character, as few there be who survive it.

The characters or phases of the hospital disease vary under the different circumstances of the victims susceptible to it. Thus one may be attacked with blood-poisoning or empyema; another with erysipelas; a third with hospital gangrene; and a fourth with metria or puerperal fever. The laws which regulate the habits of this family of zymotic disease are perhaps best arrived at by a study of the last named poison, as, in its occurrence in our great lying-in hospitals, where it principally commits its ravages, it is less exposed to disturbing influences, and consequently pursues its own natural course free from interruptions and complications.

Out of a hundred and eleven years, for which the great Dublin Lying-in Hospital has been established, it has been haunted by puerperal fever ninety-three years. For twelve years it has been comparatively, and only for eight years has

it been totally, free from this fell disease. The deaths of those admitted for the last years amount to 1 in 33. Let us remember that in three small cottage hospitals in Ireland, in which accurate tables have been kept (Kilkenny, Newry, and Waterford), we find that the mortality has been 1 in 282. On the comparison of these two proportions, the conclusion is inevitable that eight out of nine patients have died in the Dublin Lying-in Hospital who would not, in all likelihood, if they had taken refuge in the cottage hospitals, which were comparatively free from the hospital miasm or poison that prevailed or lurked in the great unhealthy hospital.

A fatal error, into which we are prone to fall, is the confounding epidemic and endemic disease; and the amount of loss of life that has occurred from this error I believe to be incalculable. This will be easily appreciated when we state that what, in strictness, we should call true epidemic diseases, are unavoidable; whilst the latter, or endemic diseases, are with rare exceptions, preventable and perfectly within our control. True, they may be convertible; but this makes the distinction the more important, in order to prevent their extension or fixture.

The contagious nature of hospital miasm is now beyond question; as also that of most of those modifications of hospital zymotocene with which we are familiar, especially metria and erysipelas.

Having satisfied ourselves that a poison is generated by the mere crowding of numbers of patients into a common atmosphere, and also that this poison spreads by contagion, the next principle of law we require to establish is that this poison is cumulative, or developing in its quantity, commencing with a single poisonous emanation, and increasing in its quantity until the atmosphere, walls, floors, and furniture become imbued or charged with it. Unfortunately, as yet we are unable to detect this miasm or poison and display it by its sentient properties; but of its existence we cannot have the slightest doubt, from its effects, from its laws, from analogy, and especially the spread of diseases by inoculation and contact.

But why should the hospital wards ever be free from hospital miasm and these fatal results, if all this be true? This is a question to be answered by the law upon which we now dwell—cumulation. The ordinary epidemic disappears; having, as we say, worn itself out. This it does in hospital as out of it. Precautions are taken; patients zymotically affected are separated; ablution and ventilation are carried out; admissions are refused; the wards are emptied; and the hospital becomes healthy. Weeks, months, and longer, pass over before the poison again shows itself. The cumulative process, however,

is in steady operation; and at an uncertain period the poison again shows itself, and snatches up its victims. The same measures of precaution are taken to banish it, and with the same results. But it does not rest here, as has been abundantly proved by the history of our great hospitals. When the cumulation has gone on repeating itself again and again, a further stage, or that which I shall denominate the state of complete saturation is arrived at, and then the hospital becomes the fixed *habitat* of the poison.

The death of the consumptive costermonger is not to be placed in the category of the victims to hospitalism. It has its analogue in the dog slain in the Grotto del Cane for the instruction of his slayers, by holding him so close to the surface of the deadly cavern that he can only inhale mephitic gas. Nor, indeed, is it only in St. Pancras that we have this going on. Have we not our No. 11 wards and grottos in nightly operation for the benefit of the upper ten thousand in the West-end reunions? Witness the pallid and poisoned state to which our belles are reduced, at the end of the season, from breathing mephitic and animal-poisoned air for several hours nightly, with their lungs at nearly as great a disadvantage as the costermonger's, by tight lacing and waltzing. The Black Hole of Calcutta and the Middle Passage rendered our fathers familiar with the more immediate effects produced from a number of people breathing and rebreathing the same atmosphere; and its more gradual effect in the production of jail-fever, grappled with by Howard in his mission of mercy, has reached us as a matter of history. We were in hope that the labors of Boswell Reid and Arnott had exposed the defects of ventilation and the remedy. But the enormities occasionally cropping up from neglect in this respect show that much remains to be done.

The fact is that, when the poison is generated, crowding or the co-habitation of patients in a state of receptivity secures its spread. A process of cumulation of the contagium or poisonous element occurs; and when this arrives at the stage of saturation, outbursts of erysipelas, phagedæna, gangrene, pyæmia, and metria occur; the patients are attacked wholesale; and the diseases become, as we before stated, endemic or fixed, and continue to haunt the hospitals, be they surgical or obstetrical.

Now that the blot has been hit, it requires no great philosophy to meet the difficulty. Simply cease to crowd such patients into common buildings under the same roof. All the advantages of an asylum can be afforded whilst segregation is secured, and facilities for medical instruction preserved to the schools. The substitution of cottage-hospitals for these great hotbeds of contagion should be insisted upon in all future arrangements for housing cases liable to endemic poisons. The

term epidemic should be applied in its true meaning. These large surgical and maternity hospitals, in which metria, erysipelas, and pyæmia have committed such havoc, should be either applied to purposes compatible with safety to human life, or so altered in their construction as to isolate each ward from the common atmosphere now pervading the whole hospital. This may be very simply and inexpensively accomplished by opening separate entrances into each ward direct from the open air. In the existing hospitals, the communications with the common hall should be built up, and the same system carried out in the upper stories by opening the ward-door on flying galleries. The lifts and stairs should be placed outside of the building; the existing halls and passages being still retained for the staff, and affording an approach to the respective stories, but no covered approach or communication of any kind allowed to remain between these and the wards. By these simple expedients, and the limiting the number of beds to three in each ward, it is probable a large saving of human life would result, and hospitalism become, like jail-fever and small-pox, a thing of the past.

Stow, in his *Survey*, mentions, in speaking of the King's Bench Prison, that the great mortality that occurred there in the six years preceding 1579 was produced through a certain contagion called "The Sickness of the House." Those learned physicians who uphold the crowding in large hospitals, and imagine they can meet the difficulty by disinfectants, I would refer to the simple experience of that benefactor of our species, John Howard, as conveyed in his preface a century since. He says: "I guarded myself by smelling to vinegar while I was in those places. This I did constantly and carefully when I began; but, by degrees, I became less attentive to these precautions, and have long since entirely omitted them." John Howard discovered and carried out the best means, on true scientific principles, of disposing, once and forever, of "the sickness of the house." If the obstinate hospital crowdiers would take example by him, and meet, as he did, crowding, the cause of "disease of the house," and, as he did, remove them, they would speedily produce an equally satisfactory result, and, like Howard, give up their futile attempt to meet the case of dealing with emergency by "smelling to vinegar."—*British Med. Jour.*

The Administration of Nourishment Through the Rectum.

By PROF. W. O. LEUBE, of Erlangen. Translated for the Kansas City Medical Journal.

The writer has, during the past year, published the highly satisfactory results of experiments with the injection into the rectum of mixtures of meat and pancreas. The digestion and

absorption of the various nutrient ingredients of this mixture take place without any discomfort to the patient and with the happiest effect so far as regards his nourishment.

After numerous experiments, Prof. Leube announces the following as the best mixture for this purpose. From five to nine ounces of very 'finely chopped meat is to be mixed with the pancreas of the beef or hog (also finely minced) and not more than two ounces *by weight* of lukewarm water. To this may be added from six drachms to an ounce and a half of fat, the whole to be thoroughly rubbed together, and then to be thrown well up into the rectum.

The introduction of a mass prepared as above gave rise to no peristaltic action; on the contrary, in both men and animals, it was usually found necessary to employ an enema when it was desired to evacuate the bowels of what remained of the preparation. This residuum, after a stay of from twelve to twenty-four hours in the bowels, differed in no essential respect from ordinary fecal matter. It contained traces of peptone, none of Leucin nor Tyrosin.

The injection of clear fat and pancreas tissue was not successful, as its presence in the bowels soon gave rise to such action as expelled the mass. This was probably due to the irritation of the free, fatty acids and soaps produced by the action of the pancreas on the fat. As stated before, an addition of fat to the meat not exceeding the proportion of one part of the former to six of the latter was well borne. The analysis of the fecal matter passed by both men and dogs, after the injection of enemas containing this latter proportion of fat, showed that, in the course of twenty-four hours, this fat had almost entirely disappeared.

The addition of starch to the nutritive enemata was found readily to cause diarrhœa, doubtless owing to the irritating qualities of the sugar produced.

These nutritive injections, applied in the way described, were for a long time relied on to sustain life in the case of three patients whose cases are narrated somewhat in detail. Two of these were suffering from carcinoma of the stomach and intestines, and the other from corrosion of the upper part of the alimentary canal consequent on swallowing tincture of iodine. In none of them were there any disagreeable consequences resulting from the treatment, and occasionally even a pleasant feeling of satiety was experienced.

Prof. Leube thinks it of considerable importance to precede the nutritive injection by a simple warm water enema, for the thorough cleaning out of the rectum. He also warns his readers against being too easily discouraged by a failure on the part of their first injections to be retained or to any considerable

degree absorbed, as the digesting and absorbing powers of the rectum increase greatly after a little use.—*Deutsches Arch. f. Klin. Med.*

Feeding by the Rectum.

With reference to the use of the pancreas of animals in the formation of nutrient enemata, noticed in the *Journal* of July 6th, a further communication on the subject by Dr. Leube appears in the *Centralblatt für Medizin. Wissenschaft.* (July 20th.) He says that the plan of obtaining the pancreas in the ordinary way from the butcher succeeds very well in the autumn and winter. In the warmth of summer, however, the gland very soon begins to undergo decomposition, and in consequence loses its digestive power, and becomes irritating to the intestine, producing rapid expulsion of the material injected. These mishaps may be easily avoided by making a glycerine extract of the pancreas. This extract is quite equal in digestive power to the fresh pancreas, and will remain good for several weeks. Dr. Merkel of Nuremberg has made several trials of this modification, especially in the case of iodine-poisoning above mentioned; and the results have been equally favorable with those following the use of the pancreas itself. He describes the following as the best mode of making the pancreatic injection. The pancreas of a bullock (which is sufficient for three enemata) is finely chopped, and rubbed with 250 grammes of glycerine; and to each third of this, when about to be used, are added from 120 to 150 grammes of finely divided meat. This mass is digested in the bowel as completely as the meat and pancreas mixture already described. It is important that the mixture of pancreas and glycerine with meat should be injected into the rectum as soon as it is made; for, if it be allowed to stand, the meat swells up, and the injection is thereby rendered difficult.—*British Med. Journal.*

Carbolic Acid Inhalations in Chronic Bronchitis.

BY JOHN A. LIDELL, M. D., New York.

In a bad case of chronic bronchitis—a case in which there was strongly marked bronchiectasis on both sides, harassing cough both by day and night, profuse muco-purulent secretion that oftentimes was very offensive in smell, and emaciation with other general signs of bronchial phthisis, the writer has recently administered carbolic acid by inhalation, and made the patient comfortable by so doing, when every other palliative had failed.

At first it was given in the vapor of hot or warm water;

but, after a short trial, these inhalations were discontinued, because they made the patient perspire too much. Then it was administered in the form of spray with Codman & Shurtleff's atomizing apparatus, No. 5, and the result was gratifying in every respect. The preparation which was used most consisted of the crystallized acid dissolved in water in the ratio of one grain of the former to once ounce of the latter, that is, 1 part of the acid to 480 parts of water. Trials were also made with a solution as weak as 1 part to 600 on the one hand, and as strong as 1 part to 300 on the other, but those having a strength of 1 part to 450 or 480 answered best. The patient was made to breathe or inhale the spray with deep inspirations, from five to ten minutes at a sitting, unless a feeling of drowsiness were sooner produced, once a day, usually; twice a day, however, when the expectoration was very profuse or offensive in smell.

The use of these inhalations was continued on and off for about eighteen months without producing any unpleasant consequences whatever. On the contrary, they always gave the patient marked relief. They invariably soothed and quieted the cough. They corrected the fetor of the breath and of the expectoration. They lessened the quantity of the expectoration itself in a decided manner, without tightening the cough or rendering it dry. And they proved beneficial in other respects, for under their use the pulse became less frequent and irritable, and the tendency to afternoon fever was likewise diminished. Notwithstanding, this case terminated fatally (although the end was long postponed), and therefore carbolic acid inhalations must not be considered as, in any sort of way, a specific for chronic bronchitis. However, our patient's life was obviously prolonged, and her comfort was greatly promoted by their frequent use. It is, then, as a palliative of more than ordinary value in the treatment of this disease that we now confidently recommend the inhalation of carbolic acid.

The only contra-indication to its employment in chronic bronchitis which we observed, was the contraction of a "fresh cold," especially when attended with fine crepitation. Under such circumstances we always judged it expedient to suspend the inhalation until the acute symptoms had passed away. Carbolic acid appears to be too irritating in its nature to be used in this way with safety in cases where there is acute inflammation of the pulmonary tissue or of the bronchial mucous membrane. But, in cases where those chronic inflammatory conditions of the bronchial mucous membrane, which need a stimulating plan of treatment, are present, this agent may be administered in the way mentioned above, without risk, and with great benefit to the patient.—*Med. Record.*

The Use of Coffee in Diseases of Infants.

By DR. ISIDOR FRANKL, of Pesth, Hungary.

MONTI has been in the habit, for a number of years, of using coffee without milk in the typhoids of children, with good results; and recommends its use in his recent work on epidemic cholera infantum. Frankl first employed it in the case of a babe four months old that had been seized with cholera infantum on being weaned. The usual treatment having been tried in vain, a teaspoonful of strong black coffee was administered every two hours, followed by immediate improvement of the symptoms and recovery in the course of a few days. Since then he has administered it in all cases of intestinal catarrh, as soon as any symptoms of collapse appear, and has never known it to fail in its good effect. The little patients brighten up after the first spoonful, and are sustained thereby during the subsequent treatment of the catarrh itself. A strong infusion of coffee may be made, sweetened, and set aside for use during the next twelve hours. At first he used to give from ten drops to a teaspoonful every two or three hours, according to the age of the infant and the effect required. Of late he has not hesitated to give even the youngest babes a teaspoonful two or three times during the twenty-four hours. The effect of coffee is found to be very similar to that of camphor; the pulse grows stronger and more frequent, the face brightens, the eyes sparkle, the head and limbs grow warm and the skin sometimes breaks out in a gentle perspiration.—*Wiener Med. Wochenschrift*.

MURIATE OF AMMONIA IN BRONCHITIS, CATARRHAL PNEUMONIA, ETC.—In obstinate acute bronchitis, after the first intense stage; in catarrhal pneumonia, both of children and adults; in bronchorrhœa, and also in ordinary chronic bronchitis, Dr. H. C. Wood, Jr., Phila. (*New Remedies*, April, 1872), has obtained more apparent good from the use of muriate of ammonia than any other remedy. The best formula for giving the muriate with which he is acquainted is as follows:—R. Ammoniae muriat. ʒ ij.; Ext. glycyrrhiz. ʒ j.; Mucil. acaciæ, Aquæ, āā f. ʒ iij. M. S. Tablespoonful for an adult every two hours; teaspoonful for a child, a year old, every three hours.

When patients object to the mixture of sweet and salt the following is to be preferred:—R. Ammoniae muriat. ʒ ij.; Aquæ, f ʒ vj. Doses as before.

When the cough is very annoying $\frac{1}{2}$ of a grain of sulphate of morphia, or 10 to 15 minims of tincture of hyoseyamus, may be added to each dose.

In bronchorrhœa the following may at the same time be

used by inhalation twice or thrice daily. Take of Saturated solution of alum, 3 vj.; Tr. hyoscyamus, 3 ss. M.

Mortality Statistics of the Three Learned Professions.

Dr. J. M. Toner, Washington, D. C., (*Boston Med. and Surg. Journal*), has compiled the following statements of the number of deaths returned from the census of 1870, as occurring among the three learned professions of our country—theology, medicine, and law—for the year ending June 30, 1870. He has been unable to obtain the number returned as engaged in each of these professions for the year 1870. For the year 1860 there were returned 37,529 clergymen, 54,543 physicians, and 33,193 lawyers. It is fair to presume that each retains about the same proportion to each other in the census of 1870. The number of deaths reported among clergymen in all the States and Territories of the United States for 1870 was 629; among physicians, 947; and among lawyers, 595.

Causes of death assigned.

	C.	P.	L.
Unknown	10	15	3
General Diseases	242	344	234
Diseases of the Nervous System	77	144	234
" " Circulatory System	54	73	54
" " Respiratory System	84	130	58
" " Digestive System	76	105	61
" " Urinary and Generative Organs	32	37	19
" " Organs of Locomotion	3	4	
" " Integumentary System	1	1	3
Condition not necessarily associated with general or local diseases	39	31	19
Poison	2	18	13
Accidents and injuries	9	46	43

THE KANSAS CITY

MEDICAL JOURNAL.

Editorial.

Amongst the things that still remain to be accomplished in this section of country, is the building and equipping of hospitals at those points where they may be required. All of our larger cities in Western Missouri and Kansas have some sort of hospitals, but in a number of them the provision is entirely disproportionate to the demand, and the question of erecting larger and permanent buildings is being agitated.

It is eminently proper that, when a hospital is to be built, the advice of medical men should be sought, there being a number of questions involved to which medical men are *supposed* to have given their special attention. And yet how seldom is this supposition borne out by the facts!

It is the intention of the Editor of this Journal to publish, from time to time, such facts and figures, and such opinions of distinguished and experienced men on this subject, as shall give the readers of the JOURNAL the material whereon to base an intelligent opinion. In the present number, attention is invited to an article on page 319, on the subject of Hospital Miasm, which is an extract from the Report of the Section on Midwifery, made at the late meeting of the British Medical Association. The reporter is Dr. Evory Kennedy, late Master of the Dublin Lying-in Asylum.

During his connection with this large and world-renowned establishment, Dr. Kennedy has had abundant opportunities for observation on the subject of "Hospitalism." The conclusions at which he arrives, and the recommendation for the adoption of Pavilion or Cottage Hospitals, are entirely in accord with the views of the most scientific men of Europe at the present day. They are therefore most heartily commended to our readers, for their careful consideration.

Reviews.

THE URINE AND ITS DERANGEMENTS. BY GEO. HARLEY, M. D. Philadelphia: Lindsay & Blakiston, 1872. 12mo., pp. 234.

This is a valuable addition to the literature on the subject. Dr. Harley spent some time in the laboratory of Profs. Würtz and Verdeil, at Paris, and in that of Prof. Scherer, at Würzburg, his statements are therefore entitled to great consideration, even when they conflict with those of other observers. Of course a large portion of the work is the same as may be found in other treatises on the subject, but there is enough original matter which cannot be found elsewhere (except scattered through periodical literature) to well repay the purchaser for his outlay. The question of ammonæmia, or blood-poisoning by conversion of the urea into carbonate of ammonia, is dwelt upon when treating of uræmia; the symptoms are given as follows (from Jacksch): "In ammonæmia the urine is ammoniacal when passed. The breath and perspiration are ammoniacal. The mucous membrane of the mouth is dry and shining. The complexion is sallow, and there is increasing emaciation. No dropsical symptoms are present. Convulsions are rare, but intermittent ague is frequent. Moreover, although in the acute form of the disease both vomiting and diarrhœa may occur, in chronic cases, which are much more common, these symptoms are always absent. Death is generally preceded by coma, varying from a few hours to several days in duration. As the amount of urea secreted is about 500 grains daily, and 50 grains of urea *plus* 18 grains of water become 68 grains of carbonate of ammonia, it follows that if *all* the urea were converted into carbonate of ammonia, there would be formed 680 grains of that substance. Now we have given carbonate of ammonia in doses of 30 grains every two hours, for nearly three days in succession and then every four

hours for another day. So that 19 drachms or 1,140 grains were taken in 96 hours. Not only were there no evidences of poisoning, but the symptoms of phlebitis (traumatic) were promptly arrested. Pereira, in his *Materia Medica*, relates from Huxham the case of a gentleman who formed a habit of eating carbonate of ammonia in large quantities, and the main symptom in that case was repeated hemorrhages, afterwards great marasmus and finally death. It would seem, therefore, that although a decomposition of the urea may occur within the system, and carbonate of ammonia be formed, some other substance is also formed which produces the toxic effects, for if carbonate of ammonia formed in the system is a poison, should it not be equally a poison if introduced from without?

The remarks on the action of diuretics are valuable, but might have been somewhat more extended with advantage. The chapter on Urohæmatin is very valuable; the existence of a colorless hæmaturia is fully explained, and this is one subject that has been chiefly elucidated by the original researches of the author.

The chapters on Lucin and Tyrosin are rather abridged, nothing being added to what was before published.

The chapters on diabetes and albuminuria are very instructive. Of course this work of Dr. Harley deals with the secretion and not with the organs furnishing it, and therefore his standpoint is very different from that of Dickinson or Grainger Stewart, and a great amount of valuable information is to be found in these two chapters not met with in other systematic writers.

We cannot forbear making one quotation from our author, as it so completely shows the manner in which a defective system of medical education is the great hindrance to the advancement of medicine as a science. "The chief obstacle to the spread of rational, or as they are often called, chemical therapeutics, lies in the imperfect knowledge of physiology and chemistry possessed by practical men. For the limited acquaintance they have with these studies prevents their appreciating the true value of scientific information sufficiently to deter them from attempting to apply it in practice ere they have thoroughly mastered the subject. The natural result consequently is that they almost invariably fail in their endeavors to combine science with empiricism, but instead of attributing their failure to a deficiency of knowledge, put the entire blame upon what they please to term the false teachings of science." In conclusion we again commend this work most fully to our readers.

HYSTEROLOGY: A TREATISE DESCRIPTIVE AND CLINICAL, ON THE DISEASES AND DISPLACEMENTS OF THE UTERUS. By EDWIN NESBIT CHAPMAN, M. A., M. D., late Professor of Obstetrics, Diseases of Women and Children, and Clinical Midwifery in the Long Island College Hospital, with many illustrations. 8vo., pp. 504. New York: William Wood & Co., 1872.

This work will prove a surprise; not so much because it has been unannounced, so far as we know, as for the reason that one gifted with so much of good, common-sense, and such rare ability for keen analysis of every-day facts should be so little known in the field of medical literature. We err greatly in our estimate of the worth of the book if it is not the means of directing marked attention to its author. That it does not embrace a study of *all* diseases of the uterus is to be regretted, for tumors of every kind, and some other pathological states are wholly omitted or only incidentally mentioned. The work, however, is mainly clinical, and therefore necessarily restricted in scope, yet it embraces all the more common and many of the least tractable diseases of the womb, and so far as it goes both in theory and practice, scarcely leaves anything more rational to be desired. The author's utter disregard of many current teachings and his naïve manner of rubbing them off the record by the unimpeachable logic of facts is truly refreshing, if not instructive. We would like to particularize, and make some lengthy quotations in proof, if we had space.

That his boldness, however, though fully justified in the light of his own experience, sometimes leads him to tread closely the verge of dogmatism, will be inferred by some from the following quotation: "The facts, as developed by the cases detailed in the following pages, are these—ulceration and induration of the cervix, or a secretion of pus by the Nabothian glands has no existence in benign affections of the uterus, unless induced by unjustifiable modes of practice. Indeed, whenever an autopsy of one dying suddenly from other causes, whilst suffering from uterine disease, has been made by any observer whomsoever, structural changes were never found, but only an increased bulk of the uterus, enlargement of the uterine veins, and abrasion of the mucous membrane. Hence I am thoroughly convinced, though formerly accepting and following the teachings of Dr. Bennett, that there is not the slightest basis for this pretentious scheme of pathology and therapeutics; that it is supported by observations which prejudice the facts, and conjure up distorted images to the eye, and by an experience that is vain, illusory and false. At least, since employing my own senses instead of trusting to another's, I have never seen pus issuing from the os uteri, or a surface answering to an ulcer on or in the neck, or a tissue having density enough to merit the title of induration. There must be some terrible mistake in this whole matter: terrible, when it leads the physician unnecessarily to thrust a hot iron into the cavity of the body, or

eat away a portion of an organ by destructive escharotics; terrible, when it inflicts suffering without an equivalent, and produces genuine ulcerations, indurations and cicatrices; and truly terrible when this suppositious inflammation becomes the parent of a family of new diseases—pelvic hæmatocelo, pelvic cellulitis, etc., etc.”

We believe he is nearly right in all this, and only wish he would “say it again, and say it slowly.” The subject matter of the book is arranged and treated of in seven classes, embracing a record, more or less in detail, of three hundred and fifty-seven cases, followed by a statistical table, and a summary of treatment. That it will take the place of our best systematic works on the subject cannot be expected, but that it will serve the purpose of an excellent guide in all of which it treats, and shake the foundations of some false theories, is as sure to be realized as it is devoutly to be wished.

HISTORY OF MEDICINE FROM THE EARLIEST AGES TO THE COMMENCEMENT OF THE NINETEENTH CENTURY. By ROBLEY DUNGLISON, M. D., L. L. D., late Prof. of the Institutes of Medicine, etc. Jefferson Med College. Edited by J. R. Dunglison, M. D. Philadelphia: Lindsay and Blackiston, 1872, 12 mo. pp. 287.

Few books in the medical student's library are more frequently referred to, or pay better for the reference, than Dunglison's Medical Dictionary. It is the author of the Dictionary whose lectures lie before us. They were delivered at the University of Virginia many years ago, were never published during the lifetime of the writer, and are now put before the public by his son. We are told, in the preface, with regard to the duties devolving on Prof. Dunglison in that institution, that “the labor now usually allotted to almost an entire Faculty of Professors was there assigned to him alone. According to the terms of his appointment he was expected to ‘teach to the best of his ability, and with due diligence, Anatomy, Surgery, *The History of the Progress and Theories of Medicine*, Physiology, *Materia Medica* and Pharmacy.”

In the lectures before us the history, or, one might almost say, the mythology of medicine is traced from the misty ages when, amongst the Egyptians, all diseases and their cures were supposed to depend on the influence, evil or benign, of Isis and Osiris and other disreputable divinities, down to the present day. The style of the writer is concise in the extreme, and an immense amount of ground is gone over, including the medicine of the Egyptians, the ancient Greeks and Romans, the Jews, the Hindoos, the Chinese and Japanese, the Scythians and the Celts, and finally, after the age of Hippocrates, Celsus and Galen, we have the history of medicine pretty much confined to the study of its progress in Western Europe.

Old father Æsculapius fares none too well at the hands of his far-off son in science, for we are contemptuously informed that "he employed, for the restoration to health, agreeable songs, drinks, and external medicines or incisions." It is to be hoped that the old gentleman was a better singer than some of his scions, and also that the "drinks" were milder and less frequent than those employed by occasional members of "the faculty" to-day.

It appears that even in the time of Herodotus, the Babylonians, Chaldeans and some other nations had no physicians, but that, "when any one was attacked with disease he was carried into the public street, and the passers-by who had labored under a similar affection, or had witnessed a similar case, advised the individual to adopt such means as their judgment and memory might suggest." How little, truly, do men change with the revolving ages! for is not this precisely what they are doing to-day—all prescribing for one another; not only "every man his own doctor," but every man his neighbors' too?

Dunglison's History of Medicine is a valuable and interesting work, not alone to such physicians as are interested in the antiquity of their profession, but to all scholarly men. Its value is greatly enhanced by an exceedingly copious and well-arranged index. The book is elegantly printed on tinted paper, handsomely bound in cloth. It is sold *by subscription only*, for \$2.50.

BOOKS RECEIVED.

- A SYSTEM OF SURGERY; Pathological, Diagnostic, Therapeutic and Operative. By Samuel D. Gross, M. D., L. L. D., D. C. L. Oxon., 5th Edition. Greatly enlarged. 2 vols. royal 8 vo. Philadelphia: H. C. Lea, 1872.
- LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC. by Sir Thomas Watson, Bart. M. D., F. R. S., etc. etc. From the 5th Revised and Enlarged English Edition. Edited by Henry Hartshorne, M. D. 2 vols. 8 vo. Philadelphia: Henry C. Lea, 1872.
- A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M. D., etc. etc. 2d. Edition. Enlarged and Revised. 8 vo. pp. 740. Philadelphia: Henry C. Lea, 1872.
- A MANUAL OF QUALITATIVE ANALYSIS. By Robert Galloway, F. C. S., etc., etc. From the 5th Re-written and Enlarged London Edition. With illustrations. 12 mo. pp. 402. Philadelphia: Henry C. Lea, 1872.
- PULMONARY CONSUMPTION: Its Nature, Varieties and Treatment. With an Analysis of one thousand cases to exemplify its duration, by C. J. B. Williams, M. D., F. R. S., etc. etc., and Chas. T. Williams, M. A., M. D., Oxon. 8 vo. pp. 315. Philadelphia: Henry C. Lea, 1872.
- Transactions of the Sixth Annual Meeting of the Medical Association of the State of Missouri, 1872.
- Transactions of the Minnesota State Medical Society, 1872.
- Transactions of the State Medical Society of Michigan for 1872.
- A Nomenclature of Diseases, with Majority and Minority Reports of Committee thereon. Am. Med. Association, 1872.
- Monthly Report of the Department of Agriculture, for August and Sept., 1872.
- Normal Ovariotomy, by Robert Battey, M. D. Rome, Ga.
- Facts of Vital Statistics in the United States, with Tables and Diagrams, by J. M. Toner, M. D.

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THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1872-'73 will commence on Wednesday, September 18, 1872, and continue until the opening of the Regular Session. During this term, instruction consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 16th, 1872, and end about the 1st of March, 1873.

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Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the College.

JAMES B. WOOD, M. D. LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

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LEWIS A. SAYRE, M. D.,
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R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.

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WILLIAM A. HAMMOND, M. D.,
Professor of Materia Medica and Therapeutics, Diseases of the Mind & Nervous System, & Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive and Surgical Anatomy.

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HENRY D. NOYES, M. D., Surgeon to the Charity Hospital, etc.;
Professor of Ophthalmology.

EDWARD L. KEYES, M. D.,
Surgeon to the Charity Hospital, etc.; Professor of Dermatology, and Assistant to the Chair of Principles of Surgery, etc.

EDWARD G. JANEWAY, M. D.,
Physician to the Bellevue Hospital, etc.; Professor of Pathological and Practical Anatomy. (Demonstrator.)

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The Summer Session will consist of two Recitation Terms; the first from March 17th to July 1st, and the second from September 1st to the opening of the Regular Session. During the Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held daily.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee	30 00

FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations and Clinics	35 00
Dissecting (Ticket good for the following Winter).....	10 00

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